

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. III.

TORONTO, AUGUST, 1907.

No. 8

THE BABY.

Perhaps nurses have more frequent opportunities than anyone else to answer questions about the baby's food. Nursing by the baby's mother, for the first six months at least, is the only right way, and is almost always possible. But soon the growing, thriving child needs more nourishment.

We must now find a food which contains nutritive elements suited to sustain the child's life and promote its healthy growth—a food sufficiently like the milk of the mother to be given as an auxiliary food before the period of maternal nursing closes. The best cow's milk, if it can be obtained CLEAN, is the best food to give the child. For many infants it is an advantage to dilute the cow's milk somewhat with an alkali, so that the curd shall be more flocculent, more like the curd of breast milk. (Breast milk, formerly thought to be alkaline in reaction, has now been shown to be acid.) Sometimes a delicate infant will thrive well for a while on whey. But nature soon requires, in order to perfect the digestive organs, soft solids to work upon, and it will not do to dilute and weaken the milk for babes too much, lest they never become fit to eat the strong meat necessary for men. Nor is it good to limit the proteids too much, replacing them by the carbohydrates. The babe remains a delicate babe unless something is expected of the digestive organs.

It is convenient to have a table to give parents something like the following, at the same time warning them against the sin of giving solid food to a child before it has teeth. When six or eight incisors are to be seen in the child's mouth, then usually the pancreatic secretion is pretty well developed.

For infants of from four to eight months old :

Per cent.		
Fat	4	or Cream $\frac{3}{8}$ viii
Sugar	7	" Cow's milk $\frac{3}{8}$ iiss
Proteids	2	" Lime water $\frac{3}{8}$ i
Lime water	5	" Water $\frac{3}{8}$ viiiss
		" Milk sugar $\frac{3}{8}$ i — Rotch.

The amount of milk may be gradually increased and the amount of water and lime water decreased. Thus for an infant about ten months' old the following may be used :

	Per cent.			
Fat	4.00	or	Cream	3viii
Sugar	5.00	"	Milk	3viii
Proteids	3.25	"	Lime water	3i
Lime water	5.00	"	Water	3iii
		"	Milk sugar	3ss

—Roth.

—Roth.

And at about eleven months' old an infant may be given the best and cleanest cow's milk unmodified. Thus weaning may be gradually accomplished. Oat jelly and barley jelly, made in the following manner, may be used with advantage along with the milk.

Oat Jelly.—Soak 4 ounces of coarse oatmeal in a quart of cold water for 12 hours. The mixture is then boiled down so as to make a pint, and is strained through a fine cloth while it is hot. When cold a jelly is formed, which is to be kept on ice until needed.

Barley.—Barley water is made by boiling 5 ounces of granulated barley in a quart of water until the volume is reduced to a pint and then straining. If a barley jelly is to be made 4 ounces of barley flour are employed, and the process is the same as for oat jelly.

When the child is about one year old it is time to begin feeding it with a spoon. A little bread, one day old, may be added to the milk. As soon as possible, it is better to do without a feeding-bottle. Some infants will not take bread until the age of two years, or even older. Equal parts of oat jelly and milk, or barley jelly and milk, warmed, with a little salt added and occasionally a little broth, preferably chicken broth, with bread, may be used. At the age of twelve or thirteen months, the child should have about five meals a day, such as the following:

7.00 a.m. Stale bread crumbs, soaked in a breakfast cup of new milk.

9.30 a.m. Equal parts of oat jelly and milk, slightly warmed, and a little salt added to suit the infant's taste.

12.30 p.m. One half-pint of well-made chicken broth, with the fat carefully removed, and with stale bread-crumbs soaked in it.

3.30 p.m. Equal parts of barley jelly and milk, warmed.

6.30 p.m. Same as 7.00 a.m.

At fourteen or fifteen months, some thoroughly boiled rice may be added to the diet list.

At sixteen months, a little butter of the best quality may be spread on the bread. Fresh bread should never be given. A crust of bread may occasionally be given, the infant will try its teeth upon it.

At eighteen months a well-baked white potato may be given, and at nineteen or twenty months eggs may be added.

At about fifteen months it is usually safe to try a little baked apple, or a teaspoonful of orange juice, and when peaches are in season, a small piece of a ripe peach may be given to a child in its second year, say about sixteen months' old.

At about two years and six months of age young peas and other easily-digestible vegetables may be given, very carefully at

first. Different fruits may now be tried, but they should be cooked.

Towards the end of the third year a small amount of meat may be given, but not every day, as meat is not required until the child is about three or four years of age. Chicken, mutton chop, roast beef and beefsteak are the best meats for young children. Great care should be taken that the meat is cut small and the child taught to masticate properly. A good plan is to give the child sometimes an egg and sometimes meat or fish.

HOSPITAL DISCIPLINE AND ETHICS.

At the very outset of a nurse's career and at frequent intervals during her training, the fact needs to be emphasized that it absolutely depends on herself, whether she is to become a first grade, second grade, or third grade nurse. That fact she absolutely controls. As a rule, she is inclined to blame the training school for many of her shortcomings, and, while the school has a decided responsibility regarding its nurses, it still follows, that the girl herself becomes largely what she determines to be. If she is satisfied to do slipshod work, if she is lacking in thoroughness, and punctuality, and accuracy, if she is satisfied with mediocrity in her daily work, then she has no right to complain if she never rises above it.

Her real character is expressed in numberless ways, of which she will be unconscious unless instructed. Her voice, her laugh, her conversation, her walk, her touch, her habits of dress, the expression of her face, all tell their own story and bear on the question of her fitness or unfitness for the work she has undertaken. While it is often a delicate and disagreeable task to call a nurse's attention to her own personal defects, it is certainly no kindness to her to disregard them. At the very time when the weakness is manifested, is usually the best time to call attention to it. If frequent admonitions on the subject seem to be unheeded, and the matter is important, it becomes a point to be reported to the superintendent, to be dealt with as may seem best for the candidate and the institution.

One of the first lines on which nurses need to be cautioned is regarding discreteness of speech, and this refers, not only to affairs concerning the patients, but to the nurse's own private affairs. There are nurses who can never be trained to hold their tongues. They seem to have inherited a predisposition to "tell things," in spite of all that any one can do, just as, in the great world outside hospital walls, there are men and women foolish enough to even "tell that their father was hanged," when no one particularly cared how he met his death. The information was

entirely unnecessary. Such people do aspire to nurse the sick, and they are bound to be a trial to the flesh, so long as the notion lasts. Then, too, there are nurses who come from homes in which any restraint of speech is unknown; their attention has simply never been called to the need of it. There are nurses who are foolish enough to relate their own private affairs, or their love affairs, to the nurse acquaintance of a day, or to the patient who is, to them, a stranger. Thus, the question of tongues constitutes one of the problems of the training school. Head nurses can do much by example as well as precept in helping nurses to form those habits of reticence, that will go far towards commending them to the confidence of physicians and people in general. To be able to say that a nurse is a "safe" woman to admit into one's confidence is no uncertain commendation. No point needs more frequent emphasis than this. To send out nurses who know how to keep silent regarding their own or their patient's affairs without conscious effort, because of habits firmly fixed during the training period is no small achievement. To train them to be ladies under all circumstances, to avoid practical jokes, undignified conduct, slang and gossip, is as important surely as a great deal of the technical knowledge that now seems to be demanded in a nursing course.

If all nurses could be given a thorough drilling in how to carry themselves, and how to acquire a graceful walk, it would be a distinct advantage to many nurses who have unconsciously allowed themselves to become round-shouldered or awkward and ungraceful in their general movements. No one who has seen the difference in the bearing and carriage and walk, of the volunteer for the army, before he enlisted, and the same man after he has had a few months of military drill, who has noted the erect carriage, the firm even tread, can question the value of gymnastic drill and exercises in the training of nurses. Even without the drill, much can be accomplished, given willing teachable, pupil nurses, and interested, tactful, wide-awake head nurses, who will call attention to personal defects, and remind, and remind, and remind, until reminders are no longer needed.

"Study to be quiet," is a text that ought to be writ large and posted prominently in all our hospitals and training schools. Have we really regarded it as a subject for study? Have we not in hospitals expected nurses to acquire habits of quietness by accident or instinct? Is this not one reason why we hear such frequent complaints from patients and their friends about the noise in hospitals? It is true that physicians are very bad examples for nurses in this respect, that some internes are simply irrepressible so far as noise is concerned, but are head nurses as careful as they should be to teach habits of quietness, to demand it and use all possible means to secure it? Unless nurses are trained to notice noise, preventable noise, unless their attention is called

to the thousand and one points to be guarded against while engaged in active duty, the banging of doors, the rattling of basins, the creaking of hinges, the noisy handling of chart files, and most inexcusable of all, their own voices, their own, often unnecessary, chatter, which keeps up a continual disturbance among sick folks, they will certainly develop noisy habits that are bad for the hospital, bad for the individual nurse, bad for future patients, bad for everybody concerned. Have we not been far more attentive to such points as whether the bedspread was on exactly as prescribed, whether the window shades were all at a uniform height, whether the washrags were in their exact places, than whether our nurses were needlessly tormenting the patients with their chatter and noise?

The habit of expressing appreciation of work well done, and of measuring and noting general improvement is another point worthy of cultivation in the head nurse. There are comparatively few individuals who do not relish and long for a word of commendation, comparatively few who will keep up sustained effort to improve, if they think nobody notices or cares.

One other point may be mentioned on which head nurses need to be decidedly on the alert, that of allowing probationers or pupil nurses, to criticize management or methods in their presence. It is no part of a pupil nurse's duty to plan or produce reforms in an institution. If they are wise they will soon recognize that to re-adjust themselves, to do faithfully, quietly, and efficiently, the duties assigned to them, is the best way to improve a situation. If they have theories which they are burning to experiment with, and they prove successful in their own little sphere, the chances are that the opportunity to test their advanced theories will come to them sooner or later. The world is not slow to recognize ability, and it is badly in need of people who have in them the qualifications for leadership in any line.

When a nurse shows the disposition to continuously grumble and criticize, when her attention has been seriously directed to the fault with no sign of improvement, the quicker that nurse is gotten out of the hospital the better. However clever and capable a nurse may be, no institution can afford to harbor a girl who has a tendency to keep stirring up trouble, to keep seething an element of discord that will poison the atmosphere and make her associates discontented and unhappy. There are some dispositions that never can accept sweetly the regulations of community life, or get along comfortably with a lot of different kinds of people. There are incompatibilities that will always prove troublesome in institutional life, that have to be endured, but the active stirrer-up of trouble, who feels called on to reform the place, is a type that no superintendent can afford to keep if she values her own peace of mind or harmony in the school. Half the troubles that are experienced with discipline in training

schools, would be avoided, if pains were taken to ferret out the leading spirits in creating trouble, and promptly get rid of them. No head nurse who really has the interests of a hospital or training school at heart can afford to shield or to keep silent regarding this class of individuals.

How to bring out the best that is in her nurses, how to strengthen their weak points, is one of the problems at which the conscientious capable head nurse is always working. To do the best with them, she must understand them, must try to see things from their standpoint as well as her own. She must be able to look beneath the minor fault or error, and appreciate the motive that prompts an act. She must aim at eliminating root defects, which, when, lighted, will generally correct minor failings. In the daily dealings with nurses and probationers she will meet some who will need to be spoken to in the most emphatic manner possible—fairly thundered at, if any lasting impression is to be made. She will have to deal with others, in whom the least suspicion of severity will break them up and unfit them for work. Some nurses, like some children, need to be held in, as it were, with bit and bridle, others can be managed by a look or a suggestion. Both kinds may develop into good nurses, but they need entirely different management in the developing process. To be able to rebuke without arousing antagonism, is no mean attainment. To see the possibilities that are embodied in unpromising, blundering material, to detect the latent powers and help in their development, has its own reflex action, both broadening and elevating. Fortunate is the head nurse who realizes the greatness of her opportunity, or who has inspired such confidence in her subordinates, that they will, even while smarting under a reproof, realize that she had their highest good in view. The time will come in later years, when they will appreciate at its true value, their training and teaching, when they will regard as a blessing the discipline of their training school.

CHARLOTTE A. AIKENS.

A FEW WORDS TO THE NURSE IN TRAINING.

Some years ago I read of a man, a king I think he was, who had a ring, on the inside of which were engraved the words, "Even this shall pass away," and whenever he was tempted to glory in his possessions and power or to feel discontented at some defeat, a glance at his ring reminded him that the earthly glory and the causes of dissatisfaction sooner or later would pass away.

It may seem irrelevant but that little saying on the ring came often to my mind during my course of training in the hospital, and helped me do my work more cheerfully.

Very few of us realize upon entering our training that many simple pleasures must be sacrificed, and that we are entering upon a course of discipline entirely different from that of our previous life. It is often very hard to obey all the little necessary rules and regulations of hospital life, and we sometimes wonder why such by-laws were ever formulated, for being particularly honorable young women we should never dream of doing the things prohibited, but would-be nurses have diversities of code.

Looking back over the two or three years of training it seems hardly to have been worth while to complain and fret and make oneself and all around miserable and unhappy over trifling annoyances; they all pass away, and a day comes when we awaken to the fact that performing each duty cheerfully brings happiness and enjoyment—they lie at our very hand.

Do you remember that time when you were so busy, the patients under your care being particularly exacting, and the order came for you to prepare a bed for the reception of a new patient? You felt that you could not stand an added burden, and you scolded a bit, and perhaps wondered audibly, what the Superintendent of nurses thought you were made of. And, by the way, let me say that superintendents of nurses do not always take the pupil nurses into confidence; the duty of the latter is "not to reason why," but to do and keep some one else from dying.

The rush of work passed away in a few days and you felt rather ashamed that you had murmured and led others to think that extra work had been unjustly thrust upon you.

Do you remember that patient needing so much attention, so fussy and hard to please that it was well nigh impossible to keep back the hasty word? But in a few days or weeks at most the need for such constant attention had passed, and how thankful you were that you had cheerfully done your best; it wasn't so hard, after all. It makes a difference in our work when we apply the Golden Rule; and by and by our hospital life is a thing of the past, and we go out either with the rough edges of our dispositions rubbed off, or our natures soured and our minds possessed with the idea that we will make patients square to our standard. Don't forget that patients are not only cases, but human beings with wills demanding recognition. Don't stand always in a state of expectation; be now what you admire, "Bear the infirmities of the weak," and in so doing gain strength.

"The daily round, the common task,
Will furnish all we need to ask;
Room to deny ourselves; a road
To bring us daily nearer God."

N. B.



EXTRACT FROM LETTERS FROM MISS MAYOU.

ST. ANTHONY, NEWFOUNDLAND, March 4th, 1907.

Dear Miss Allen,—Your letter of Jan. 14th took just a month to reach me, not so bad when you consider that for the last three hundred miles it was carried by dogs over snow-covered hills and trackless wastes. Sometimes when there are blinding snowstorms or raging blizzards it takes them a month or six weeks to do the same distance. They are the only beasts of burden here, and in winter drag people, wood and water over many miles of ice and snow. Our mission doctor has been away now over three weeks on one of his medical tours, with his dogs and their driver, Alf.

— I think I told you in my last letter of the Christmas entertainment and tree we had for all the children of St. Anthony. For my sewing class of 34 children, ages ranging from 6 to 14, I had an extra treat: We met, as usual, at two in the school house, and worked for an hour, then at three we heard tinkle, tinkle of bells, and up trotted the dogs, Savage, Damsel, Tiger, Nigger and Bee, dragging on a sledge the cakes and the gramophone. Each child has been told to bring a cup, and we had boiling on the stove kettles of water with which to dilute the cocoa which we had taken in a concentrated form and sweetened with molasses to suit the St. Anthony taste. After the gramophone had given us several songs, dialogues and selections, we dispensed the cocoa, rock-cakes and molasses cookies, which Emmie, one of the orphans, had made the day before under my superintendence. The fact that none remained showed they were appreciated.

A POST-GRADUATE course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to Miss Allen, 578 Somerset Street, Ottawa.

The
Guild of



Saint
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]
—Ambroise Paré.

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H., 6.15 p.m.

District Chaplain—Rev. Arthur French, 1773, Ontario Street.

District Superior—Miss Stikeman, 216, Drummond Street.

OTTAWA.—The Cathedral, First Monday.

Chaplain—Rev. Canon Kitson, the Rectory.

Local Superior—Miss L. C. Wicksteed, 494, Albert Street.

TORONTO.—St. James' Cathedral Rectory, last Friday, 8 p.m.

Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.

Local Superior—Mrs. Welch.

Secretary—Miss Maud Roger, 5 Howland Ave.

The anniversary service of the Guild of St. Barnabas was held, as was announced, on June 11th, at the Lakeside Hospital. The attendance was small, so many nurses being busy, only the Chaplain, Superior, five members and several visitors were present to welcome Miss Wood, the General Secretary, who had arrived from Vancouver that afternoon. After the service, notwithstanding the fatigue of her long journey, she gave us an interesting account of her travels in India, Africa, Australia and New Zealand. In the course of her remarks she called attention to the fact that membership in the Guild serves as a bond between nurses in all corners of the earth, and gave us an instance—the very warm welcome accorded her by a member she met by chance in a remote New Zealand village. She closed her address by reminding us that the nurse's calling is a high one, and bade us apply to ourselves the words of Christ: "No longer do I call you servants . . . but I have called you friends."

My Scallop-Shell of Quiet

*GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
My soul will be a-dry before,
But, after, it will thirst no more.*

—Sir Walter Raleigh.

It is not growing like a tree
In bulk, doth make men better be;
Or standing long an oak, three-hundred-year,
To fall a log at last, dry, bald, and sere:
A lily of a day
Is fairer far in May,
Although it fall and die that night;
It was the plant and flower of light.
In small proportions we just beauties see;
And in short measure life may perfect be.

—Ben Jonson.

IN every part and corner of our life to lose oneself is to be gainer; to forget oneself is to be happy.—*R. L. Stevenson.*

THE hardest duty bravely performed soon becomes a habit, and tends in due time to transform itself into a pleasure.—*O. W. Holmes.*

BREAD is good, knowledge is better, but best of all is peace, and the place of quietness has ever been, and ever will be a garden.—*Ian Maclaren.*

MORE persons fail in doing the little things—the common prosaic things of everyday life—than in doing the greater and more prominent things.—*J. R. Miller.*

It seems to me sometimes—I know it is a partial representation—as if life were a conflict between the inner force of the spirit, which lies in its faith in the unseen, and the outer force of the world, which lies in the pressure of everything it has to show us. The material, operating upon our senses is always asserting its existence; and if our inner life is not equally vigorous, we shall be moved; urged, what is called actuated, from without, whereas all our activity ought to be from within.—*George Macdonald.*

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Vol. III.

TORONTO, AUGUST, 1907.

No. 8

Editorial.

THE NEW BELLEVUE.

The new hospitals at Fordham and at Harlem, in New York, being part of the new Bellevue system, were so urgently required to accommodate patients that they have just been opened without any form or ceremony at the earliest possible moment, though the formal opening, it is expected, will take place later. Each of these buildings cost over \$600,000, and will accommodate about 150 patients, and moreover (with the plenum, the vacuum cleaning equipment, roof gardens and wide balconies) are very modern and perfectly adapted to the purpose. It was in 1816 that Old Bellevue was first opened as an almshouse to receive "paupers, prisoners and patients," and now the new Bellevue, which will, when completed, have 2,000 beds, has come to take its place. Gouverneur Hospital is part of the same great system. Owing to the difficulty in securing pupil-nurses at present, a special staff of 34 graduate nurses has been provided for each hospital. As our readers will remember, Miss A. W. Goodrich, whose splendid organizing power will here have a wide scope, is the superintendent of all the five or six hospitals in the Bellevue system.

THE PARIS CONFERENCE

Everything points to a memorable meeting at Paris.—A meeting which will have a far-reaching influence for good not only in 1907, but in coming years. At the time of writing the Conference is about to assemble and it will be over by the time this number is in the hands of our readers, but as cable reports of the meeting from Paris are likely to be short and formal, we regret that we must wait for the mail before our own reports, to which we are eagerly looking forward, can reach us. Letters received within a day or two announce that Miss Genevieve Cooke, the Editor of the Nurses' Journal of the Pacific Coast (our twin), sailed for Paris, *via* New York, on June 6th, and advices from England state that Miss Keith Payne has already sailed from New Zealand for the same "Mecca." Truly the ends of the earth will meet at Paris, wearing the same badge and thinking the same thoughts.

Editorial Notes.

ENGLAND.

The Nurses Total Abstinence League.—An interesting meeting, convened by this Association, was recently held in the London Temperance Hospital, Hampstead Rd. Lady Whittaker was in the chair and the principal address was made by Canon Barker, who spoke in favor of temperance legislation and added that there was something wonderful in nurses, and the extraordinarily patient way in which they would do anything and everything.

A Nurses' Camp.—Not under canvas, but in a comfortable house—"Briarcliffe," at Mundesley-on-Sea, where, on June 19-26, any member of the Nurses' Missionary League will be welcome. The Secretary, Miss K. Miller, 75 Hallam St. W., and Dr. Ruby Glanville, of Trowbridge Wells, are taking charge of the arrangements.

The Hospital for Incurable Children at Montecourt.—A confirmation, held by the Bishop of Islington in the new chapel of this hospital, was a touching and impressive ceremony. Only two out of the eight candidates were able to kneel. The Matron has held the confirmation classes every Sunday.

The Prince of Wales' Hospital.—Not a new hospital, only a new name for the well-known Tottenham Hospital, where recently the Prince and Princess of Wales opened the new wing and new operating theatre and gave the new name. In spite of rainy weather at first (though the sun came out before all was over), it was a charming affair, and the costumes, the decorations, the generous contributions of £4,000 and upwards handed to the Princess, all added to the interest and enjoyment of those privileged to be present, chief among whom was the President, H.R.H. Princess Louise, Duchess of Argyle.

GREAT BRITAIN.

Queen Victoria's Jubilee Institute Nurses.—On January 1st 1907, there were 1,450 Queen's nurses at work in the United Kingdom, and counting probationers, village nurses and midwives, the number was 2,190. The minimum hospital training for Queen's nurses is now three years, of which two years must be spent in an approved general hospital or infirmary. The Scottish and Irish branches are making satisfactory progress. As to money, much is needed, and it is hoped it will be forthcoming to help such a good work. Last year, for the first time, the Metropolitan Hospital Sunday Fund gave a grant of £5 for each nurse employed.

Official Department.

THE CANADIAN NURSE has the honor of publishing official information from.

Queen Alexandra's Imperial Military Nursing Service.
The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.

The Association of Hospital Superintendents of Canada.

The Canadian Nurses' Association.

The Manitoba Association of Graduate Nurses.

The Graduate Nurses' Association of Ontario.

The Victorian Order of Nurses.

The Guild of St. Barnabas for Nurses.

The Collingwood General and Marine Hospital Alumnæ Association.

The Edmonton Graduate Nurses' Association.

The Fergus Royal Alexandra Hospital Alumnæ Association.

The Galt General Hospital Alumnæ Association.

The Guelph General Hospital Alumnæ Association.

The London Victoria Hospital Alumnæ Association.

The Kingston General Hospital Alumnæ Association.

The Montreal General Hospital Alumnæ Association.

The Montreal Royal Victoria Hospital Alumnæ Association.

The Ottawa Lady Stanley Institute Alumnæ Association.

The St. Catharines General and Marine Hospital Alumnæ Association.

The Toronto Central Registry of Nurses.

The Toronto General Hospital Alumnæ Association.

The Toronto Grace Hospital Alumnæ Association.

The Toronto Hospital for Sick Children Alumnæ Association.

The Toronto Riverdale Isolation Hospital Alumnæ Association.

The Toronto St. Michael's Hospital Alumnæ Association.

The Toronto Western Hospital Alumnæ Association.

The Winnipeg General Hospital Alumnæ Association.

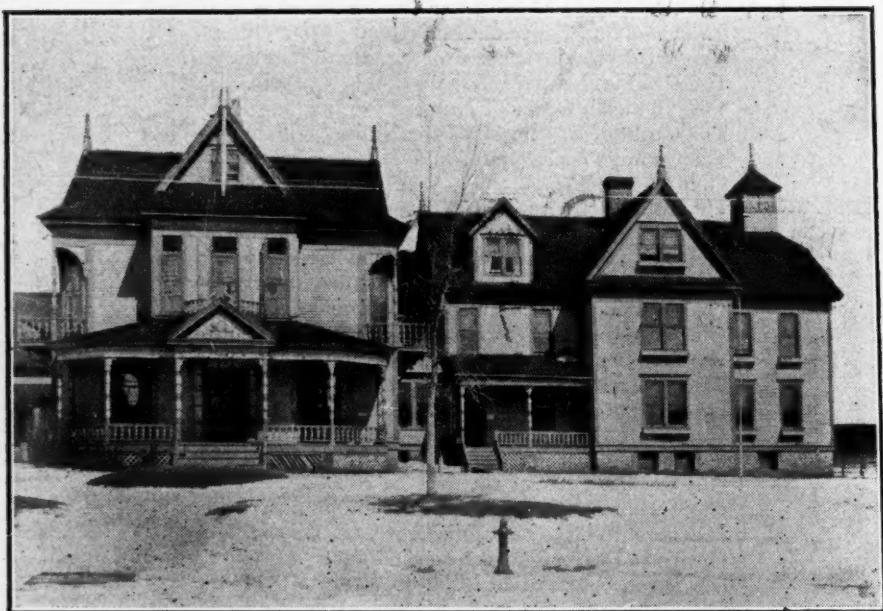
The Vancouver Graduate Nurses' Association.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1906-7: Hon. President, Miss Snively; President, Miss Lucy Bowerman, 349 Sherbourne St.; 1st Vice-President, Miss Clara Brown, T.G.H.; 2nd Vice-President, Miss Jessie Robson, 103 Gerrard St. E.; Recording Secretary, Miss Alice Stewart, T.G.H.; Corresponding Secretary, Miss A. M. Stirling,

103 Gerrard St. E.; Treasurer, Miss Mareb Allan, T.G.H.; Directors: Miss E. Field, 505 Sherbourne St., Miss Julia Stewart, 12 Selby St., Miss Annie Lennox, 11 Humberside Ave., Toronto Junction.

Conveners of Standing Committees: Sick Visiting, Miss H. Fralick; Legislation, Miss A. Lennox; Programme, Miss B. Crosby; Social, Miss Florence Davis, 179 College St.; Look-out, Miss Elizabeth Stewart, General Hospital; Representatives of the Central Registry Board, Miss Burkholder and Miss A. Boyd.



VICTORIA PUBLIC HOSPITAL, FREDERICTON, N.B.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD
GENERAL AND MARINE HOSPITAL TRAINING
SCHOOL FOR NURSES.

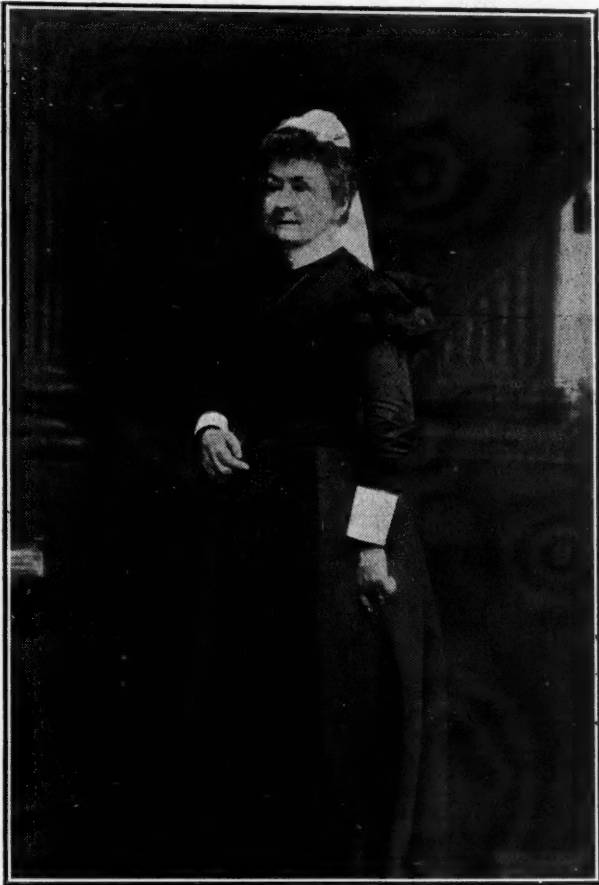
Officers, 1907-8: President, Miss J. E. Carr; 1st Vice-President, Miss M. M. Redmond; 2nd Vice-President, Miss M. E. Knox; Secretary, Miss A. I. F. Morton; Assistant Secretary, Mrs. Isabel McBride; Treasurer, Miss J. Cottrill.

Sick Visiting Committee: Misses Dawson, Lord, and Moore.

The meetings are held on the first Thursday of the month at 3 p.m., in the Board Room of the hospital.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR
SICK CHILDREN TRAINING SCHOOL FOR
NURSES, TORONTO.

Officers, 1906-7: Hon. President, Miss Brent; President, Miss J. Hamilton, 505 Sherbourne St.; 1st Vice-President, Miss G. Gowans; 2nd Vice-President, Miss J. Richardson; Secretary, Miss



LADY TILLEY,

Founder of the Victoria Public Hospital, Frederickton, N.B.

E. Jamieson, 105 Macpherson Ave.; Treasurer, Miss M. Hill, 105 Roxborough St.; Directors: Miss M. Gray, Miss C. Leman, Miss M. F. Blythe.

Conveners of Committees: Arrangement and Publication, Miss Goodall, 668 Euclid Ave.; Sick Visiting, Miss Annie McGarvey, 7 Rose Ave. Meetings are held on the second Thursday of the month at 3 p.m., in the Nurses' Residence.

Clinical Department.

BROKEN LINKS IN THE CHAIN OF ASEPSIS.

From a glance at the paraphernalia of the modern operating room, with its walls and floors of tile, glass or marble, its glass or metal tables and furnishing, its array of sterilizers for different purposes, with everything that skilled minds can devise or money can provide to insure aseptic results, it would seem that the whole system was perfect, that infection of clean wounds would be a thing of the past. But is it so? Cannot every nurse recall instances of clean appendiceotomies in which "oozings" occurred, which the surgeon explained were "only a little serum"; of stitch abscesses; of clean herniotomies that in some way were handled so as to yield pus; of redness and induration and sinuses following operations in which the wound should have been absolutely clean? What is the reason? Simply this, that in the chain of human agencies concerned in the operation there is a weak link.

It is true that the chain of asepsis may be, and often is, broken by the surgeon himself, who of all others might be expected to be on the alert to avoid all possible dangers. It is true that small and remotely possible dangers are often overestimated, while larger and more probable dangers are overlooked. A surgeon, after attending to hand disinfection before beginning the operation, has been known to take off his glasses and wipe them on the corner of his apron, to give his chair a hitch nearer the table, to even trace a drawing on the blackboard, and, without even rinsing his hands, proceed with the operation. There are surgeons guilty of these "breaks" who, when an infection occurs, are quite ready to lay the blame on the catgut or the nurse. It is quite possible and probable that a nurse who has been thoroughly trained in aseptic and antiseptic methods, with the reasons and necessity of religiously adhering to the aseptic system, will be fully as careful as the surgeon himself, but it is also true that all nurses are not intelligently careful; it must be admitted that some responsibility must be shouldered by the operating room nurses and ward nurses for the infections that do occur in clean wounds.

One of the common errors committed by nurses is packing the dressings sterilizer too tightly. One of the surest means of preventing steam from accomplishing its work of sterilization is to wedge the packages in so tightly that steam cannot have access to every part. Another blunder is sometimes made in putting jars of sponges or gauze into the autoclave with the lids tightly screwed on. Not only is the contained air prevented from escaping from the jars, but steam cannot enter. Practical tests have shown that

sterilization is not effected in the contents of jars treated in this manner.

Is the soap used for cleansing the hands of the surgeon, his assistants, or the field of operation, always sterile. If not, is it not possible that pathogenic germs may be scrubbed into the skin while going through the motions of scrubbing them out.

In the antiseptic solutions, too, may be a source of possible danger. The water may have been sterilized, but was the salt used in making the solution positively sterile. If not, and it was added after the water had been boiled, it was not a sterile solution.

The sprinkling boxes containing iodoform, boric acid and other powders are not always handled with scrupulous care. Is it not true that sometimes they may be handled by infected hands and not re-sterilized? It has even been noticed, too, in some operating rooms that no attempt was made to protect the perforated tops of the sprinklers, so that floating dust could not enter.

In the handling of gauze, ligatures, and sponges there is always the possibility of contamination. Too many packages are opened, or the packages are too large. The part left after an operation may be pinned up carefully, but after it has been exposed to the air it is no longer a sterile package and should be re-sterilized before using. Too much confidence is placed on chemical disinfection of basins and appliances in some hospitals for good aseptic results. In the hurry between operations chemical disinfection of a basin, pitcher, or funnel may be attempted, but who knows that it is really disinfected.

Perhaps in the hands of all actively concerned in the operation lurks the greatest source of danger. Frequently visitors are admitted to the amphitheatre after donning a sterile gown, but the hands, the most dangerous point by far, where asepsis is concerned, are left exposed to come in contact, perchance with dressings, towels, or instruments that afterward come in contact with the wound. Then, too, scientific tests have shown that hands that had been "disinfected," or at least had been through the motions, were in reality, capable of furnishing plenty of material for infection. Dr. Charles Harrington, of Harvard Medical School has, by experiment, proven that even soaking the hands for fifteen minutes in corrosive sublimate solution, 1-1000, does not kill bacteria. What results, then, should be expected from dipping the hands in such a solution for a few seconds and rinsing them off with sterile water? The primary cleansing of the hands is often—perhaps, as a rule—faithfully performed, but when two or three or more operations are done in quick succession, is the same scrupulous care used to secure surgical cleanliness between operations?

A great many nurses are exceedingly careless about handling dressings or appliances soiled with pus, and therein is a grave source of danger. The skin of the nurse's hands may become so roughened that thorough cleansing or disinfection is a difficult matter.

The wearing of face masks has reduced the danger of infection from breathing or speaking into a wound, but this precaution is not always observed. In the saliva, the streptococci, staphylococci, and diplococci are all found, and as a constant stream of minute particles of saliva is thrown out in talking, it is easy to see how infection might occur in this way.

These are only a few of the weak links in the chain of asepsis to which the attention of nurses needs to be directed frequently. If the human chain can be strengthened so that no breaks will occur, it will be easy to secure good results from the standpoint of asepsis, even if the other equipment of the operating room is not all that could be desired.

Question Department.

Q. Should nurses, in addition to their hospital training, take a training in massage? If so, why?

A. If this question means, "Should nurses take a course in massage during their general course?" then my answer would be, "No." It is not possible to give the time necessary to learn the art of massage properly during the general course of training. In the first place, it requires three months' work, five or six hours daily, to get the nurse's own muscles into proper condition to give massage. It is well known that massage not properly given does harm. Unskilful massage may cause headache, and it has even happened sometimes that unskilful massage, performed upon muscles in fairly good condition, has rendered them soft and flabby. The patient, of course, recognizes this harm if it unfortunately occurs.

Properly given, a general massage nourishes and tones up the patient's muscles, improves the circulation, and is about equal, in this way, to a five-mile walk. But massage exhausts the nurse and takes a great deal out of her physically, and patients are seldom willing to pay what it is worth, having regard to what the nurse spends in strength on the actual massage, and in money, in getting the training, which is expensive.

Massage, especially for the nervous patients so numerous everywhere, is a great benefit, either as part of the rest-cure or otherwise. The time spent in acquiring the art is well spent, but it must be recognized that the nurse who gives massage is a specialist in nursing and should govern herself accordingly.

Q. Will one of the readers of THE CANADIAN NURSE in the western part of Canada kindly tell me the prospects for private nursing in the west, salaries received in hospital positions, and remuneration given in private nursing?

A. "What is the prospect for private nursing in the west?" This is one of the questions I am constantly answering. In the fall time there is plenty of work for a great number of nurses. They can be kept busy for two or three months, but for the rest of the year our supply of nurses is too great. In Manitoba, the nurses' fees are \$18 and \$21 (eighteen and twenty-one dollars) per week. In British Columbia, \$17.50 and \$21 (seventeen fifty and twenty-one dollars) per week. In the hospitals the salaries run from \$25 to \$35 (twenty-five to thirty-five dollars) per month. If a nurse is willing to take a position in a hospital in a small country town, then she may be kept busy. S. McKIBBIN.

375 Langside St., Winnipeg.

The Contributors' Club.

Catalogue of the Medical Library, Maria Louisa Robertson Nurses' Residence, Hospital for Sick Children, Toronto.—
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- 199—Materia Medica for Nurses.....Dock
- 200—Nursing: Its Principles and Practice.....Hampton
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- 214—Eye, Ear, Nose and Throat, Nursing in.....Davis
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- 231—Materia Medica for Nurses.....Stoney
- 232—Relief, Principles of.....Deverine
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Correspondence.

FROM A CANADIAN NURSE IN TACOMA.

DEAR CANADIAN NURSE,—In all probability I shall take a trip East this summer. When I read *THE CANADIAN NURSE* it makes me feel quite at home, there are so many interesting items in it, and I must congratulate you upon its success. Sometimes I refer to articles over and over again, because one is so liable to forget when so far away. Miss Snively always appealed to me as a splendid woman, and, in reading *THE CANADIAN NURSE* and other nursing journals, one must readily recognize her capabilities. We should very much appreciate her and consider it an honor to have her at the head of our hospital, the T. G. H.

This is a delightful climate, and I am very much in love with it. Trees and flowers are in bloom; the lawns are green all the year round. There is no such thing as extreme heat or cold here, and I consider that of importance when it comes to night-duty. You will be surprised when I tell you that I have experienced no cold night since living here. Some people find the atmosphere very penetrating at times. During the months of Nov., Dec., Jan. and Feb. we are subject to a good deal of rain, which is nearly always continuous and a good deal of fog. The latter will be so dense at times that it is impossible to distinguish objects at a distance of five or six yards or even less. This climate resembles that of the South of England, even the shrubs are the same. This condition is not to be found over the whole State of Washington, because in the Eastern part, on the opposite side of the Cascade Mountains, there is plenty of snow and very cold weather. This part of the State is favored with a very moderate climate. The rain, too, is characteristic of England. It comes down very lightly, at times it is almost like a mist. If there is cold, bright weather here, for any length of time, then there is a great deal of sickness. It seems that this climate demands a certain amount of rain in order to have good health. The mornings here are never bright as they are at home, and I miss the sun in the mornings. The sky, especially at this time of year, assumes an appearance of greyish hue; but when it is clear and bright, the clouds are beautiful. They appear to form more and disappear so quickly.

Tacoma possesses one of the finest harbors in the world. When I first came here, the ships and boats which come from all over the world were of great interest to me. I suppose I have gotten so used to them that I do not pay as much attention now as I did. Tacoma proper is about twenty or twenty-five years old and has a population of about 110,000.

When in Seattle attending the State Assn., I met a great many

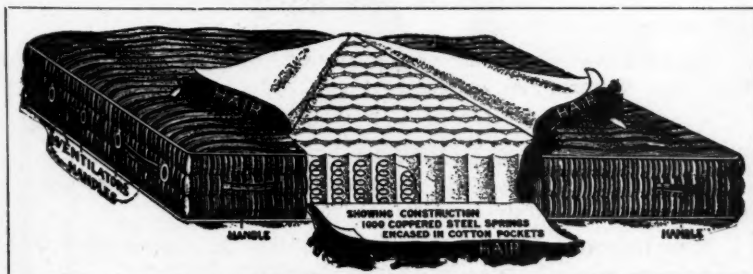


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Eastern nurses. I dare say more than half of the graduates are from the East. We had a delightful time. You know, Westerners are very free and open-handed with money. They seem to spend it fast and make it fast. I have found them a very hospitable people in many respects, and I have enjoyed my life among them, both professionally and socially. Of course, I miss my own people and friends in the East and often wish they were nearer me so that I might see them occasionally, and I hope to see them this summer. Wishing THE CANADIAN NURSE every success,

I am,

Yours sincerely,

FROM AN OLD FRIEND.

DEAR MADAM,—I do enjoy reading THE CANADIAN NURSE so much; it is like renewing old acquaintances to read items about those I associated with over ten years ago. I am so glad it is a monthly instead of a quarterly periodical, and hope you may receive many new subscriptions as well as the renewals.

Wishing you and those associated with you on the paper every success, I am, very sincerely yours.

Hospital and Training School Department.

MISS GERTRUDE CURRY, Pembroke Cottage Hospital, intends practising in Pembroke.

MISS MABEL SIMS, graduate, Medicine Hat Hospital, is doing private nursing in Kenora.

MISS SHAW, assistant lady superintendent of the J. H. H., Quebec, spent Victoria Day in Montreal.

MISS A. McELROY and Miss A. Latham will very shortly graduate from the Calgary General Hospital.

MISS MAUD BRODDY (T. G. H.), has been appointed assistant superintendent of Grace Hospital, Detroit.

MISS BRACKEN, Dauphin General Hospital, '06, has accepted a position on the staff of the Battleford Hospital.

MISS R. MACLEOD, Vancouver G. H., has accepted a position as head nurse in the N. P. Hospital, Tacoma, Wash.

MISS MINNIE GUNN, of the Dauphin General Hospital staff has recently returned from a vacation spent in Grandview.

MISS ANNIE BROWN, Dauphin General Hospital, '07, has returned to private duties in Dauphin, after a trip west.



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THIS NURSE'S APRON is made of fine but strong cotton, is two yards wide, and finished with eight inch hem. The band is two inches wide and fastens with buttons and button-holes or made with button-holes for studs. Price.....57c

THE BIB is made to order in any style required. The one shown in picture as worn by the nurses of the General Hospital, Toronto, is pleated at waist and crossed at back and worn under the apron43c

When ordering, please state waist measure and length of apron required.

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COMFORT HOT WATER BOTTLE, finest red rubber, \$1.35, \$1.60, \$1.85, \$2.15 according to size.

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Kindly mention THE CANADIAN NURSE when writing or speaking to advertisers.

MISS JESSIE CARDIFF, of Parkdale, Ont., has returned to New York, after a long visit to her family.

MISS CECELIA MACDONALD (H. F. S. C.), has been staying with old friends in Toronto and Muskoka.

THE nurses of the Toronto General Hospital presented Miss Lawler, on leaving, with a pearl crescent.

MISS EDITH A. DRAPER has returned to her home in Clarkson, Ont., after spending the winter in New York.

MISS SIMS, R. V. H., has accepted the position of superintendent of Morristown Memorial Hospital, Morristown, N.Y.

MISS BERTHA BRYDEN (T. G. H.), has been appointed superintendent of the Royal Victoria Hospital, Barrie, Ont.

MISS ETHEL MORRISON, Vancouver General Hospital, has taken a position in the Atlin Hospital for the summer months.

MISS EDNA B. POND, a recent graduate of the C. M. H., St. Stephen, N.B., is now doing private nursing in Fredericton, N.B.

MISS J. V. LUSK, who has been assistant superintendent in the Pembroke Cottage Hospital, has returned to her home in Alymer, Que.

MISS ALICE MCINTOSH, graduate of the Montreal General Hospital, is in charge of the Detention Hospital, Quebec, during the summer months.

THE new Isolation Hospital at Edmonton, Alta., is soon to be opened and will be in charge of Miss Mitchell, a graduate of the Guelph General Hospital.

MISS TUKE, of Quebec, has just completed a three years' course in the Sherbrooke Protestant Hospital, and has left for Quebec where she intends practising.

MISS I. SIMS, graduate G. H. St. John's, Nfld., is doing private nursing for a short time until she goes to the York Road Lying-in Hospital, for a maternity course.

MISS MENZIES, graduate, T. G. H., has resigned her position as night supervisor of the Vancouver General Hospital, to take a position in the Tacoma, Wash. Hospital.

MISS LAWLER, late assistant superintendent of the Toronto General Hospital, has accepted the position of superintendent of the Memorial Hospital, Niagara Falls, U.S.

MISS E. W. MURRAY, a graduate of the K.L.H., Nelson, B.C., has resigned her position as head nurse of the General Hospital, Phenix, B.C., and is visiting relations in London, Ont.

MISS ADDAH H. PATTERSON, superintendent of St. Luke's Hospital, St. Paul, Minn., has been taking an extended vacation in Atlanta, Ga., Baltimore, Md., New York and St. Thomas, Ont.



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THE MINISTERING ANGEL

MISSSES EDITH AND ALICE ARCHER, R. V. H., are doing private nursing in Plainfield, N.J.

MISS MACMILLAN, 1899, and Miss Fisher, 1900, R. V. H., have taken up work in Seattle, Wash.

MISS MAY METCALFE, R. V. H., '04, was married June 1st in New York, to Prof. Noyes, of Harvard University.

MISS MARTHA ANDERSON, class '02, V.P. H., Fredericton, has gone to Seattle, Wash., where she will engage in private nursing.

Miss Eliza Kilburn, matron of Carleton Co. Hospital, Woodstock, N.B., paid a week end visit to Fredericton this month.

MISS L. MATTHEWS, graduate of H. F. S. C. Class, has accepted a position as head nurse at the "Rainbow Cottage," Euclid, Ohio.

MISS CLARA BROWN has resigned her position as head nurse of the private wards, T. G. H. Miss Baldwin, T. G. H., will succeed her.

MISS BRERETON, lady superintendent of the Dauphin General Hospital, spent a few days last month visiting her brother in Winnipeg.

MISS MCGREEVY has returned to the Royal Victoria Hospital, and is assisting Miss Hall in the superintendence of the Nurses' Residence.

We regret to hear that Miss M. Legge, a graduate of H. S. C., Toronto has had a serious illness, but we hope that she will now steadily improve.

MISS DAVIDSON, after having had charge of wards in R. V. H. for nearly three years, has given up work for the present, and is at her home in Peterborough.

MISS LEGGE, R. V. H., '06, after having had charge of the Men's Medical Ward for one year has gone west, and will do private nursing in the vicinity of Calgary.

A VERY neat medicine and instrument cabinet has been donated to the Sir John Allen Ward of V. P. H., Fredericton, N. B., by Dr. T. Dyson Walker, of St. John, N.B.

ANYONE knowing the address of the following nurses: Misses B. V. Bonnell, A. Lorne, A. M. Francis, will confer a favor by sending it to the treasurer of the G. N. A. O.

THE marriage of Miss Mina Colnell, graduate of V. P. H. Fredericton, class, '05, to Rev. V. Clinton Reid, took place at the residence of the bride, St. John, N.B., on June 26th.

MISS BERTHA MCCAIN, who is engaged in private nursing at Houlton, Me., spent a few days recently in Fredericton. Miss McCain is a graduate of V. P. H. Fredericton Class, '06.

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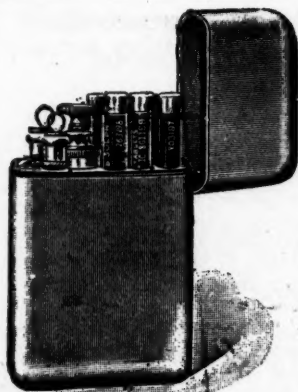
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Kindly mention THE CANADIAN NURSE when writing or speaking to advertisers.

DR. T. A. SWIFT, has been appointed medical superintendent of the Western Hospital, Montreal.

MISS FRASER, R. V. H., '05, was married in Montreal in April, to Mr. Clarence Balfour, of Montreal.

MISS STELLA LASH, of R. H., Toronto, has returned to Montreal, after a short visit with friends in Toronto.

MISS GRACE GOWANS, graduate of H. S. C., Toronto, has left for an extended tour on the continent with her mother and sister.

MISS WHITE, R. V. H., '03, has left for Baltimore to take post-graduate work at the Johns Hopkins Hospital, for two months.

MISS E. M. HOMER (Class, '06), St. M. H., has gone to Cleveland, Ohio, to take charge of an operating room in the Lakeside Hospital.

NURSE HOOPER has just returned to Hartney from Brandon, Man., and after a brief stay in the former place will go to reside in Revelstoke, B.C.

MISS MACADAM, Lady Superintendent of Victoria Hospital, Renfrew, has been granted a month's leave of absence by the Board of Governors.

MISS RUTLAND, of the Homœopathic Hospital, Montreal, and Miss Pepper, of Montreal, have both joined the staff of Bellevue Hospital, New York City.

MISS JEAN BERRY, of R. H., Toronto, has been visiting friends in Toronto and Brantford. Miss Berry has been nursing in Fort William for the past year.

MISS BERTHA A. TOYE, graduate T.G.H., was married on Wednesday, June 12th, to Mr. Wm. H. Gold, of Parry Sound. Mr. and Mrs. Gold will reside in Parry Sound.

MISS MOLONY, lady superintendent, J. H. H., Quebec, attended the annual convention of the American Society of Superintendents of Training Schools for Nurses, held in Philadelphia, Pa., the first week of May.

MISS ANNIE LOCKHART, a graduate of the Chipman Memorial Hospital, St. Stephen, N.B., and post-graduate of the Boston Floating Hospital, has accepted a position in the Bar Harbor Hospital, Bar Harbor, Maine.

MISS J. B. ROSE, V. G. H. '06, was appointed night supervisor of the Vancouver General Hospital in April. Miss Rose as a pupil nurse endeared herself to all and there is general satisfaction at her return to the Hospital.

THE McKenzie wing in connection with the J. H. H., Quebec, has been opened for the admission of patients. The Hospital now gives a very complete training for nurses including surgical, medical, obstetrical and infectious nursing.

In all disorders of the respiratory tract in which inflammation or cough is a conspicuous factor, incomparably beneficial results can be secured by the administration of

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The preparation instantly diminishes cough, augments expulsion of secretions, dispels oppressive sense of suffocation, restores regular, pain-free respiration and subdues inflammation of the air passages.

The marked analgesic, antispasmodic, balsamic, expectorant, mucus-modifying and inflammation-allaying properties of GLYCO-HEROIN (SMITH) explain the curative action of the Preparation in the treatment of

**Coughs, Bronchitis, Pneumonia, Laryngitis,
Pulmonary Phthisis, Asthma, Whooping Cough
and the various disorders of the breathing passages.**

GLYCO-HEROIN (SMITH) is admittedly the ideal heroin product. It is superior to preparations containing codeine or morphine, in that it is vastly more potent and does not beget the bye-effects common to those drugs.

DOSE.—The adult dose is one teaspoonful, repeated every two or three hours. For children of more than three years of age, the dose is from five to ten drops.

Samples and exhaustive literature bearing upon the preparation will be sent, post paid, on request.

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MISS EMILY F. BAKER, of Toronto, is now at the General Hospital, Kingston.

MISS L. BLACKMORE, graduate, General Hospital, St. John's, Nfld., who held the position of theatre nurse of the General Hospital is now head nurse and acting matron of the Lunatic Asylum, St. John's.

It is hoped that all members of the Graduate Nurses' Association of Ontario, will send the annual fee for 1907-8 as soon as possible to the treasurer, Miss Hamilton, 505 Sherbourne street, Toronto.

MISS BEATTY, after one year's work as night superintendent, R. V. H., has taken charge of Men's Surgical Ward, and her place has been filled by Miss Hersey, who was previously assistant in operating room.

THE fortieth annual report of the trustees of the Lakeside Hospital, Cleveland, for the year ending December 31st, 1906, is a handsome red volume, full of interest. There are a number of fine illustrations.

MISS FREELAND, who has had charge of one private floor in the Royal Victoria Hospital, has given up her work there and is taking a much needed rest. Her place has been filled by Miss Prescott, a graduate of '05.

MISS MARY MCCARTHY, graduate of the Mercy Hospital, Chicago, and late superintendent of nurses in Savannah Hospital, Alabama, is at present in the G. & M. Hospital, Collingwood, suffering from an attack of typhoid fever.

MISS KERR, head nurse of the Eye and Ear Department, Toronto General Hospital, is spending a delightful summer with relatives in Ireland. Miss Mitchell is in charge of that department during Miss Kerr's absence.

Two up-to-date tables have been added to the furnishings of the operating room of V. P. H., Fredericton; the tables being the gift of a patient of Dr. A. B. Atherton. Dr. Atherton made the selection during his recent visit to Boston.

MISS M. MCINNES, graduate of Johns Hopkins Hospital, has been appointed night supervisor at the H. F. S. C., and Miss E. Jamieson, graduate of H. F. S. C., filled the position for a month previous to Miss McInnes's appointment.

MISS F. MADELINE SHAW, Assistant Superintendent of Montreal General Hospital; Miss Robinson, Superintendent of the General Hospital, Galt; Miss Watson, Superintendent of the Convalescent Home, Toronto; Miss Gregory, Superintendent of St. Luke's Hospital, St. Louis, and Miss Boyd, of Toronto, are amongst those who are enjoying a well-earned vacation in Great Britain and on the Continent this year.

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MISS SISLEY, matron of the City Hospital, at Saskatoon, Man., who has not been in good health of late, has resigned. We hope that rest and change will speedily restore Miss Sisley to her wonted health.

MISS LILY BURNS and Miss Florence Darling, graduates of St. Joseph's Hospital, Chatham, have been appointed to positions at Hotel Dieu Hospital, Chatham. Both ladies are recent graduates of St. Joseph's Hospital, where they did excellent work.

MISS HARTMAN, graduate, Boston City Hospital, and till recently superintendent of the Erie County Hospital, Maine, who recently underwent a severe surgical operation in the G. & M. Hospital, Collingwood, is now progressing favorably toward convalescence.

DR. JAMES ROSS, of Dundas, one of the leading members of the profession in Ontario, died at Dundas recently of pneumonia. Dr. Ross was greatly respected. He was twice a member of the Canadian team at Wimbledon. A widow and four children survive him.

MISS S. MCKINLAY, lady superintendent G. H. Medicine Hat, leaves in June for a three months' trip abroad. Miss Jean Sims, the present assistant superintendent will remain in charge during Miss McKinlay's absence. Miss Sims is a graduate of the Montreal General Hospital.

MISS LECKIE, R.N., of Kincairdine, Ont., a graduate of the Mountainside Hospital, Montclair, New Jersey, and the Lying-in Hospital, New York, late assistant at Dr. Sadlier's private surgical hospital, Poughkeepsie, has been appointed head nurse of the G. & M. H., Goderich.

THE Dauphin General Hospital Training School for Nurses are enjoying the recent gift made by several members of the Board of Directors, namely, a fine sectional book case containing several valuable medical and surgical works, as well as a complete set of Sir Walter Scott's works. It is hoped that ere long the entire case may be full of good works.

MISS FLORENCE E. LESLIE, a recent graduate of the Guelph General Hospital, and lately of the Kelly Hospital, Baltimore, Md., has been appointed lady superintendent of the King's Daughters' Hospital at Portsmouth, Va. Miss Leslie is a daughter of Mr. W. G. Leslie, Eramosa.

THE graduation exercises of Victoria Hospital, Pembroke, took place at the hospital on Tuesday, June 18th, at 4 p.m., and were very pleasant and successful. There were three graduates, Miss Louise Watson, Rockingham; Miss Agnes E. Knight, Knightington; Miss Annie G. Wishart, Kenmore.

MISS ERANT (class of 1905, Winnipeg General Hospital), has resigned her position as matron of Victoria Hospital, Prince Albert, Sask., as she is going abroad for a prolonged visit to friends and relatives in England. Miss Lawford (class '06, W. G. H.), is taking Miss Erant's place as matron for a time.

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MISS GOODHUE, R. V. H., has accepted the position of assistant-superintendent of nurses in the Smith Infirmary, Staten Island. Miss Goodhue was for some time in charge of the Preliminary Course in the Lakeside Hospital, Cleveland, and has been in the Roosevelt Hospital since leaving there.

THE General Hospital at Ymir, B.C., situated in the very centre of the mining district, is a fine spacious building, well equipped, and furnished throughout by the Miners' Union. The Hospital is owned by the Miners' Union, and the patients, usually suffering from injuries, come from the mines and other centres of industry.

MISS BIRDIE MCKENZIE, of Dartmouth, and Mr. Howard Smith, of Hampton, were married on May 26th, at Bridgetown, N.S. The wedding was very quiet, only the immediate relatives being present, on account of the serious illness of the bridegroom's father. Both Mr. and Mrs. Smith were formerly on the staff of the Nova Scotia Hospital, at Halifax.

THE annual meeting of the Alumnae Association, St. M. H., was held Monday, May 6th, 1907. The election of officers took place, and the following were elected: President, Miss Lena M. Graves, St. Mich. Hospital; 1st vice-pres., Miss MacCallum, 9 Pembroke street; 2nd vice-pres., Miss Weyer, 418 Sumach street; secretary, Miss Greene, 418 Sumach street; treasurer, Miss MacNeill, 468 Church street; directors, Mrs. Day, Miss Donnelly, Miss Ryan.

THE Toronto Western Hospital Alumnae held their regular meeting on May 30th, at Nurses' Home, being the last till September. The Alumnae were addressed by Mrs. Welch, on "St. Barnabas Guild," and all were pleased to have Miss Smedley back after her illness. After adjournment Miss Smedley entertained the Alumnae to afternoon tea, ice cream and cake. The Alumnae wishes to convey congratulations to Mrs. and Dr. Stanley Miller, of Battleford, on having a son and heir.

THE Alumnae Association of the Royal Victoria Hospital, Montreal, gave a very enjoyable dinner in honor of the graduating class, '07. The dinner was held in the nurses' dining room, and covers were laid for fifty. The table decorations were very artistic, a unique effect being given by the combination of daffodils, pussy-willows and smilax. An attractive programme of music was provided by an orchestra. Short speeches were made by Miss Henderson, honorary president; Miss Gilmour, president, and several members of the Association and graduating class.

At the graduation of the class of 1907, in the Presbyterian Hospital of New York City, there were a number of Canadian nurses among the graduates, including:—Miss Alice Burbidge, daughter of Mr. Justice Burbidge, Ottawa; Miss Edith Campbell, daughter of the late Mr. Alex. Campbell, Montreal; Miss Marguerite Carr-Harris, daughter of Professor Carr-Harris, of Kingston; Miss Edith

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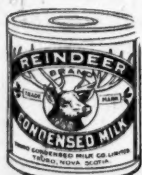
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Tilley Hegan, of New Brunswick; Miss Emma De Veber Clarke, of Kingston, and Miss Olive Holwell Kirkby, another Ontario girl, all members of the graduating class. Bishop Courtney, a Canadian, rector of St. James' Church, New York, opened the exercises with prayer. The address was given by Prof. Henry Fairfield Osborn, of Columbia University. Mr. John S. Kennedy, president of the Board of Managers, presented the diplomas, and Mr. Frederick Sturges, chairman of the School of Nursing Committee, presented the badges.

THE Medicine Hat Hospital was founded in 1889. A separate hospital was built in 1895 for maternity cases. This was enlarged in 1904 and now accommodates thirteen patients. It is nearly always full. The Nurses' Home, built in 1904, is very commodious and comfortable. This year a new wing will be added to the general building, thus giving accommodation for seventy-five patients. The staff consists of a lady superintendent, assistant-superintendent, one operating-room nurse, a graduate and thirteen pupil nurses. The course of training is three years.

THE Royal Victoria Hospital, at Montreal, recently graduated the following class of nurses: Beatrice Guernsey, Port Hope, Ont.; Stella Regan, London, Ont.; Edith Cox, London, England; Emma Baker, Midland, Ont.; Carrie Jones, Belleville, Ont.; Celestina Green, Golden, B.C.; Harriet Drake, Montreal; Kathleen Edsall, Bowmanville, Ont.; Laura McGee, Port Daniel, Que.; Winifred Bryce, Gananoque, Ont.; May Sharp, Williamsfield, Jamaica; H. Needham Ellard, Pickanock, Que.; Maude M. Edgar, St. John's, Nfld.

MISS MARY E. DE PENCIER, who has been for twelve years in charge of institutions, has resigned her position as Superintendent of St. Luke's Hospital and Training School for Nurses, Newburgh, N.Y., and gone to reside with her father at Burritt's Rapids, Ont. We understand that the condition of her father's health rendered this desirable, but Miss de Pencier will be very much missed in St. Luke's. On the occasion of her leaving, the junior nurses presented her with a set of silver fruit-knives and the senior nurses a silver tea service. The Alumnae Association, of which she was Honorary President, presented her with a handsome case of silver coffee spoons.

THE graduating exercises of the Victoria Training School, London, Ont., were held on May 22nd, in the Auditorium, before a large gathering of admiring friends. The class consisted of seven-teen graduates seated in a semi-circle across the stage, all dressed in pure white and wearing the official cap. His Worship Mayor Judd occupied the chair, while beside him were Chairman Sreaton, of the Hosuital Trust Board, Rev. Dyson Hague and Drs. Macallum and Niven. Rev. Mr. Hague opened the programme with an earnest prayer for the success of the nurses in the life they had chosen. Solos were ably rendered by Mrs.

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Munro, and Messrs. Cyril, Dwight, Edwards and Black. Dr. Macallum gave a most interesting address from the physician's standpoint. Chairman Sreaton administered the Florence Nightingale Pledge, which was solemnly repeated after him by the nurses. Then as Mayor Judd called the names of the nurses, they advanced and received their diplomas and medals from Mr. Sreaton. The next proceeding was not mentioned on the programme, but proved to be one of the prettiest incidents of the afternoon. Flowers in such profusion were loaded upon the graduates, that the semi-circle became a gorgeous perfumed arc of roses, carnations and baskets of American beauties, hiding the smiling happy faces of the fair graduates. Miss Darville won the gold medal and Miss Thomson won the silver medal of the class. These medals were presented by Dr. Niven, who explained that they were given for general proficiency, and not for excellence in any one department alone. In the evening an At Home was held in the Nurses' Home. The occasion was honored by the presence of His Worship the Mayor and Mrs. Judd, and members of the Hospital Trust and their wives, friends and relations of the nurses to the number of about four hundred. The Home was beautifully decorated with the flowers presented to the nurses during the afternoon. Miss Stanley, superintendent of nurses, together with her assistants, received the guests of the evening. Dancing and cards were indulged in, and excellent music was furnished by the orchestra. Friends of the graduates were present from Toronto, Hamilton and many other Ontario towns. The graduating class consisted of:—Misses Josephine Archer; May B. Armstrong; Florence Darville; Ada M. Evans; Edna Given; Gertrude W. Hagar; Kate Hornegold; Jennie Johnston; Margaret Kennedy; Jeanette McVicar; Saidie McKinnon; Leila M. Reynolds; Margaret Sinclair; Annie Talbot; Mary E. Thomson; Florence Waugh; Isabella Wilson.

THE Pembroke Cottage Hospital had an air of excitement on Wednesday evening, May 1st, being the occasion of a bandaging contest between the nurses of the staff. Drs. Josephs and Sparling, the judges, pronounced the work all excellent, and awarded first prize to Miss Kidd and Miss M. Fraser, and second to Miss Curry. The prizes were handpainted blotters. Miss Curry and Miss Kidd having completed their course of training, and having passed a most creditable examination, were presented with their medals and certificates. They received hearty good wishes and congratulations from all present, and were each presented with flowers by Mrs. Dunlop, the president. The nurses served refreshments, after which a most enjoyable evening came to a close.

ONE of the prettiest spring weddings in Kingston, was the marriage of Miss Amy Wartman, the daughter of Mr. and Mrs. B. A. Wartman, of Kingston, to Mr. Edwin James Adams, E.C., architect. The beautiful old Princess street residence of Mr. and Mrs. James Craig, where the wedding took place, looked its best at the moment

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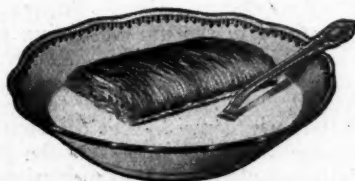
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when the Rev. Dr. Mackie, of St. Andrew's, performed the ceremony, the sunlight streaming in through the French windows on the flowers and other decorations. The bride's ornaments were a gold necklace and pendant, the gift of the groom, and a lovely brooch of amethysts and pearls from the Kingston Nurses' Alumnae. Mr. and Mrs. Adams will live in Ottawa, where many wishes for their happiness will follow them.

THE death of the late Dr. Frederick W. Lewis, M.P.P., of Orangeville, which took place last month, is a great loss to the medical profession in Ontario, and to the Conservative Government, of whom he was a staunch supporter in the local House. Dr. Lewis was a man of strong convictions, and an upright and conscientious man. He had great influence in the county. Those who heard his witty speech in the House on patent medicines, and still more those of us who remember his kindly support of the Nurses' Bill, "No. 106," will not need to be told what a good debater he was. In Orangeville on the day of his funeral, business was suspended and the town was crowded with members of the Ontario Government and Legislature and many others as well as members of the Orange and Masonic orders, who came to pay their last tribute of respect.

THE recent graduating exercises of the Royal Victoria Hospital Training School for Nurses, held in the spacious Assembly Hall of the Nurses' New Home, were largely attended, members of the Hospital Board, of the Medical Staff and friends and relatives of the graduating class being present. Dr. W. F. Hamilton read the valedictory address, which was thoroughly enjoyed and appreciated by all. Pins and diplomas were presented by Mr. R. B. Angus, president of the Hospital to the following nurses: Misses Beatrice Guernsey, Stella Regan, Edith Cox, Emma Baker, Carrie Jones, Celestine Geen, Constance Green, Harriet Drake, Kathleen Edsall, Laura McGie, E. Josephine Cornell, Bertha Kirk, Winifred Bryce, May Sharp, H. Needham Ellard, Maude Edgar. After the exercises a reception was held in the nurses' dining room, which was beautifully decorated for the occasion.—*R.V.H., Montreal.*

A PRETTY informal event occurred at the General Hospital, Guelph, Monday afternoon, June 3. The occasion was the presentation of diplomas, medals and bouquets to the graduating class, who have successfully completed their examinations. The relatives and friends of the class with the superintendent, Miss O'Neill and others of the nursing staff and the Directors assembled in the reception room shortly after five o'clock. Mr. Alexander, chairman of the Board presided, and different members of the Board presented the diplomas to the nurses: Miss Nellie McMurray, Leesboro; Miss Florence Young, Rockwood; Miss Helen Maitland, Guelph; Miss Irene Robinson, Drayton; Miss Isabel Paton, Merritton; Miss R. Cunningham, Guelph; Miss Sarah Huggins, Beachville; Miss Bea-

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trice Morris, Guelph. Miss Paton received the highest total of marks in the examination. Miss Young received a special prize, a handsome case of surgical instruments given by Miss O'Neill for the highest marks in the superintendent's examination. After the presentation the company repaired to the lawn where dainty refreshments were served.

THE graduating exercises of the Lady Stanley Institute in connection with the General Protestant Hospital, Ottawa, were held in the Institute, Tuesday, May 28th, at 4 p.m. Mr. Geo. Orme, president of the Board of Directors, was in the chair, and the diplomas and pins were presented by Mrs. R. L. Borden to the graduating nurses. Dr. E. B. Echlin and the Rev. A. A. Cameron addressed the nurses and gave them some very practical and kindly advice. A pleasing feature of the exercises was the presentation by the president of a special prize for the highest marks in practical nursing to Miss Jean Dolan; and also by the chairman of the House Committee of a prize for the highest marks in theory, to Miss Ethel Wardrope. Owing to the inclemency of the weather tea was served in the Institute instead of on the lawn as has been the custom in previous years. The names of the graduates are as follows: Miss Lissa Sutherland, Montreal; Miss Edith Strong, Carleton Place; Miss Jean Dolan, Carleton Place; Miss Ethel Wardrope, Belleville; Miss Lena Upton, Perth; Miss Jessie Potts, Ottawa; Miss Beatrice Williams, Ottawa; Miss Jeanette O'Brian, L'Original; Miss Allie Burns, St. John, N.B.

THE graduation exercises of the Training School for Nurses (class of 1907), at the Winnipeg General Hospital took place in the Reception Hall of the beautiful new Nurses' Residence, and were much enjoyed by a large audience. The Hon. William Hespeler occupied the chair and was supported by Capt. Carruthers, Rev. C. H. Stewart, George F. Galt and Dr. Devine. A fine programme of music was provided by Mrs. J. C. G. Armitage, Mrs. Higginson, Mr. Kitchen and Mr. Baly. The graduates' medals were presented and pinned in place by the lady superintendent, Miss Wilson, and at the same time bouquets were presented to graduates by the chairman and Captain Carruthers. The prizes were presented as follows by George F. Galt, Esq., chairman of the Hospital Board. For highest general proficiency the prize (presented by the Ogilvie Milling Co.) was awarded to Miss Martha Matheson. For bandaging, the honors fell equally to Miss Elizabeth E. Kidd and Hattie Robinson; the prizes being the gifts of Mr. E. L. Drewry and Dr. Halpenny. Miss Annie Johnston and Miss Maria Herman were also equal in charting. The prizes were donated by Miss E. M. Bain (in memory of Mr. Justice Bain), and by Doctors R. J. Blanchard and O. Bjornson. Miss Martha Matheson carried off the award for obstetrics, the prize for which was given by Dr. D. H. McCalman; and Miss Annie M. Forrest was the successful candidate for Dr.

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This introduction to the study of an important subject was written primarily for the use of nurses, but students of medicine and even the intelligent lay reader will find here much to interest and to instruct. It is one of the numerous good books inspired by working at Johns Hopkins University. The language and the explanations are clear, simple and attractive, and the facts are thoroughly scientific and up-to-date.

The Care of the Baby. By J. P. CROZER GRIFFITH, M.D. 455 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, \$1.50 net. Toronto: J. A. Carveth & Co.

The present is a new edition (the fourth) of a book that has long been acknowledged as one of the best of its kind. For mothers, for nurses, indeed for all those interested in the care of children, this is a book at once authoritative and practical. It is written in simple and non-technical language, and has proved a boon to many. Its popularity and usefulness are steadily increasing. The present edition has been thoroughly revised.

Materia Medica for Nurses. By GEORGE P. PAUL, M.D., of the Samaritan Hospital, Troy, N.Y. 240 pages. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, \$1.50 net. Toronto: J. A. Carveth & Co.

Chapters on practical therapeutics and hydro-therapy add to the value of this book which is a good text book of materia medica for nurses practising in the United States.

Text Book of Anatomy for Nurses. ELIZABETH R. BUNDY, M.D. Philadelphia: P. Blakiston's Son & Co. \$1.75.

This is an excellent text book of anatomy for nurses. It is well-printed, fully illustrated, admirably arranged and carefully written. Dr. Bundy was a member of the nursing profession, and superintendent of Connecticut Training School for Nurses, before entering on medical work, a fact which, taken with the further fact that she was professor of anatomy in the Women's Medical College of Pennsylvania, and clinical teacher in the Women's Hospital of Philadelphia, shows how well prepared she was for the task of writing this text book. The result of her lectures is a good and useful book.

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A History of Nursing (first notice). By M. ADELAIDE NUTTING and L. L. DOCK. New York: G. P. Putnam's Sons.

By the courtesy of the authors and publishers we have been favored with the plate proof of the first ten chapters of this important work, to the publication of which the CANADIAN NURSE and her readers have looked forward with so much interest and satisfaction. We may say at once that, in our opinion, the book amply justifies the great expectations entertained of it by us all. The early chapters evince an industry and conscientiousness in work that cannot be too highly praised, devoted as they are to nursing before the dawn of history, nursing among the ancient civilizations and finally nursing among the Hebrews, the military orders, the monastic and religious orders, the secular orders. Then follows the history of nursing in the earliest French and continental Hospitals, and finally we come to the French and Spanish Hospitals in America, of which the Hotel Dieu, at Quebec, is the second oldest surviving hospital of North America, and was founded by the Duchess D'Aguillon, niece of Cardinal Richelieu, who came to New France in 1639, accompanied by three Hospital sisters. Many interesting details are given of the history of this Hospital, one of its earliest trials being the outbreak of an epidemic of smallpox. We can only say, in closing this preliminary notice, that it confirms our previously expressed opinions of the value of the book, and a copy should be ordered forthwith for every nurses' library.

THERE is a Resting Room and a Retiring Room in connection with the Women's Banking Office, at the Crown Bank of Canada, 34 King Street West, Toronto. A hearty invitation is extended to members of the nurses' profession all over Canada to make use of these rooms, both for themselves and for their friends or patients who may be passing through the city.

SAL HEPATICA has been found specially serviceable as a safe laxative and eliminant of irritating toxins resulting from fermentation or decomposition of food, in inflammatory conditions of the bowels, affording prompt relief in stomachic and intestinal indigestion, colic, acute or summer diarrhea of either adults or children. It is remarkably free from any griping tendency, owing to its antacid and soothing properties. Bristol-Myers Co., 277 Greene Ave., Brooklyn, N.Y., the manufacturers, offer to send liberal samples to nurses, upon request.

The attention of nurses is called to special post-graduate courses at the Pennsylvania Orthopedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia, in Massage, Swedish Movements, Medical and Orthopedic Gymnastics, Electricity and Hydro-Therapy opening in July and October. Without extra charge we will give this year in connection with our course in massage a course in the Nauheim bath treatment and Schott exercises for heart diseases.

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. III.

TORONTO, SEPTEMBER, 1907.

No. 9

THE TRAINED NURSE AS A FACTOR IN MUNICIPAL HEALTH WORK.*

Of the many co-ordinate branches of the nursing profession there is probably no other affording the same measure of public service as that branch associated with municipal authorities in protecting the health of the public at large.

In numerous lines the trained nurse has been tried and not been found wanting, but in no one line has her need been more keenly felt, and her efforts more clearly productive of inestimable benefit to mankind, than in the part she has so worthily filled in municipal affairs.

During the past decade the nursing profession has made great strides in its chosen work, and the utility of the trained nurse as an adjunct in solving public health problems has been amply proven.

To New York belongs the honor of being the first city in the world to institute a system of school nursing under municipal control. In addition to this service, we have now a staff of nurses assigned to duty in the work of the prevention and cure of tuberculosis and a separate squad detailed to visit, and care for, cases of contagious diseases.

The work of the nurses attached to the Department of Health of New York City has been of great value. There is no longer a question as to the place of trained nurses in municipal health work. They have proved their efficiency and the system is an unqualified success.

In the branch of public service which has for its object the care and preservation of the health of the school child the trained nurse fills a most important position. The medical inspection of school children is a demonstrated necessity. The experimental period of this system has long since passed. Its worth and economic value are proven. The question is no longer, "Shall we have a system of medical school inspection?" but "How may we elaborate this system in order to obtain the best results?"

*Read before the Nurses' Association, Richmond, Virginia.

When the public once realizes the beneficent effects of this system, the means for its enforcement will most certainly follow. Money spent in this way is an investment of the highest type. Its dividends are mental, moral and physical health; invaluable assets for any community, from an economic and humanitarian standpoint.

Proof by means of demonstration is more convincing than infinite theorizing, and it is my purpose to tell you of our work in New York City and let it justify itself.

The first system of school nursing on record is that instituted by Miss Honor Morten in London, England, in 1898. This was pursued, in a small way, with the consent of the school management committee, but the work, as well as that instituted later in Liverpool, was paid for by public subscription collected by the School Nursing Society. It was not until 1902, when New York City placed this work under municipal control and on an organized basis, that the system, as we consider it to-day, can be said to have had its real inception.

In 1897 New York placed in operation a regular system of medical inspection of school children. This was the result of an investigation previously made to determine the extent in which the segregation of children in public schools was responsible for the prevalence and transmission of contagious diseases. It was found that many children were attending school while suffering from diphtheria and scarlet fever, as well as many of the less serious contagious affections.

For several years the physicians appointed by the Department of Health for this purpose visited the schools each morning and examined all children who were sent to them by the teachers as being suspected cases of illness. All children found affected with any contagious disease were immediately sent home. The weak spot in this system was that it placed on the teachers the responsibility of deciding as to the health of the child. The teachers were conscientious, and loyally co-operated with our efforts, but it was apparent that many cases escaped their observation. Notwithstanding this drawback, during the first year 108,628 children were examined and 6,829 were excluded.

In September, 1902, this defect was remedied by so elaborating our system as to include the inspection by the medical inspector of each child in the class-room at least once each week. The result of this more comprehensive care was startling. During the first month 10,567 children were sent home. As had always been the practice, each excluded child was given a card stating the reason for its exclusion. In the more serious class of contagious ailments such as diphtheria, scarlet fever, measles and chicken-pox the Department of Health assumed charge of the case and the child was under supervision until the termination

of the illness. Then a certificate was issued allowing it to return to school. These cases, however, were in a minority. By far the greater number of excluded children were those affected with pediculosis and contagious eye and skin diseases. These children, in many instances, received no medical care, and if they returned to school were promptly re-excluded. This seemingly encouraged truancy, and the class-rooms were seriously depleted. Another evil, no less serious than that of loss of schooling, was the fact that these children played in the streets and thus transmitted their affections to other children.

The Department of Education protested against the loss of school time of the excluded children. The Department of Health fully sympathized with this attitude and concluded that by utilizing the services of trained nurses this objection might be fully overcome.

The whole efforts of the system had heretofore been directed towards the policy of exclusion. A study of the situation showed that those children affected with the minor contagious ailments might be allowed to remain in attendance at school provided that they could be kept under regular control and treatment.

Miss Lillian Wald, of the Nurses' Settlement in New York, with the co-operation of the Department of Education and Health, evolved a tentative plan to test the expediency of employing nurses to solve this problem.

In October, 1902, one nurse volunteered her services, and during that month gave 893 treatments. As a result of her work 25 children, who had been absent, and who were not receiving treatment, were returned to school. She made 137 visits to the homes of excluded children and instructed the mothers as to simple but effective methods of treating pediculosis and contagious eye and skin diseases. In December, 1902, a staff of nurses was appointed and regularly assigned to duty.

In order to facilitate the work a card index system is used. This consists of one or more cards for each class-room so arranged that a record can be made of the name of each child affected together with the diagnosis of its disease. Columns are provided for recording the date upon which the child was ordered under treatment; date or dates when it was observed to be under treatment; dates of exclusion and re-admittance, and data regarding the termination of the case.

When the medical inspector examines the children each day, all of those affected with serious contagious affections are immediately sent home. The children affected with pediculosis, contagious skin diseases, and contagious eye diseases have their names recorded and are told to go to their physician, a dispensary or to the school nurse for treatment. All cases in which it is evident that treatment will otherwise be neglected are sent to the

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school nurse. None of these children are, at this time, excluded. At the end of forty-eight hours they are re-examined by the medical inspector, and if then they show no evidence of treatment they are sent home.

During 1903 the number of exclusions were 65,294; during 1906 there were only 5,398. This result was due very largely to the system of nursing. The main reductions were in the number of minor contagious ailments excluded. Using these two years, 1903 and 1906, as a basis of comparison, the reduction was as follows:

	1903	1906
Contagious eye diseases	32,525	2,746
Contagious skin diseases	4,029	495
Pediculosis	21,100	302

The nurses are each assigned a group of schools. They visit these each morning at a specific time, and the medical inspector sends to them the children needing treatment. Each child brings a slip of paper on which is written the code number indicating his disease. The nurses have a room in each school set apart for their work. The necessary supplies are furnished by the Department of Education. The methods of treatment to be used in each disease are established by the authorities of the Department of Health, so that the nurse follows a regular procedure in each case. The principal diseases treated by the nurse are: acute and chronic conjunctivitis, ringworm of the skin or scalp, eczema, scabies, favus, impetigo and molluscum contagiosum. Pediculosis is not treated in the schools. These children are assembled in groups and instructed as to methods of treatment, verbally and by means of circulars printed in a language suited to the nationality of the child.

Trachoma, for obvious reasons, is not treated by the nurse. These cases are so prevalent, however, that the Department of Health has found it necessary to establish a hospital and two dispensaries for its exclusive treatment. Nurses are assigned to duty at these places to assist the doctors in the necessary operations and treatment.

1,385 operations were performed and a total of 187,717 treatments given in the eye hospital and dispensaries during 1906.

The children report to the nurse, at stated intervals, as long as treatment is indicated. They are thus kept under constant observation, lose no time from their school duties, and on account of this persistent treatment the contagious element is kept under control and the children are no longer a source of danger to their schoolmates.

In the spring of 1905 the medical inspectors began making complete physical examinations of the school children. They now go through the class-rooms for a routine inspection only at the beginning of each school term. The medical inspectors make

their morning visit and inspection of the children, but the nurses make the weekly routine inspection in the class-room. If there is any doubt as to the diagnosis of any case the nurse sends the child to the doctor. Those children affected with the graver forms of contagious disease are excluded, but those with minor forms are kept under her control and report to her as usual for treatment.

After school hours the nurse obtains from the records of the doctor the names and addresses of all children who have persistently neglected treatment. These she visits at their homes, and this work has proved to be especially valuable. Too much credit cannot be given to the nurses for the humanitarian efforts they have displayed. The mothers are often antagonistic, and tact and persistency are needed to overcome their objection to what they at first frequently regard as an intrusion. No instance has ever come to my notice in which the nurse has failed in this, the highest spirit of her profession. Many helpful suggestions and practical aids are given by the nurses. Often the actual work is entirely outside of the duties required of them. Cases of poverty have been brought to the attention of charity organizations. The need of cleanliness in the home is tactfully demonstrated, the children are inspired to greater attention to personal hygiene, and when the purpose of the nurse's visit is once understood the response is generally hearty and most gratifying.

This part of the work of the nurses is by far the most important in its direct results, and most far-reaching in its direct influence. In the first visits made by the nurses it was amply proved how often the efforts of the medical inspectors were defeated by the ignorance of the parents. They found the envelopes, containing the exclusion cards, put away unopened. They detected the unsanitary conditions that were propagating the very troubles for which the children were excluded. Instances were common of children with contagious eye disease using towels and other linen in common with the entire family; whole families were found with neglected pediculosis, showing the futility of curing the school child only to have it reinfected at home, and there were numerous instances of children with contagious skin diseases working upon, and carrying bundles of, sweat-shop clothing. Unsanitary conditions of dwellings, defective plumbing and filthy yards furnished a clue as to the propagation of disease. Many cases of contagious diseases were discovered.

It was evident that the ameliorative efforts of the medical inspectors were rendered of little use in the face of such home surroundings. The real preventive work must be accomplished in the home.

When the mother is overburdened with work, or where there

are smaller children who cannot be left alone, the nurses often take the children to a dispensary. As soon as evidence of treatment is shown the child is allowed to return to school, and the nurse persists in her visits and advice until this desired result is achieved.

Thus the time lost from school work is reduced to a minimum and, as I have already shown you, the number of exclusions has markedly decreased.

During 1906 the nurses made 10,207 visits to the schools. They gave 565,427 instructions for pediculosis and trachoma and gave 96,009 treatments for contagious eye and skin diseases, having a total of 48,226 children under treatment. 27,572 visits were made to the children in their homes.

The improvement in the children, aside from the cure of disease, has been marked since the nurses were assigned to this work. They take pride now in their personal appearance. Clean hands are the rule instead of dirty ones. The use of the tooth brush and wash cloth is an actual verity instead of a dreaded theory. Even clothes are cleaner and general bathing more frequent. The well-known story of the children who have their clothes sewed on them for the winter is becoming a legend of the past.

In the complete physical examination of school children, as now practiced by the medical inspectors, the nurses have been of great service. In each case where any abnormality is discovered a notice to that effect is sent to the parents with the advice that the child be immediately placed under medical care. By a system of return postal cards, to be filled out and mailed by the physician, we are enabled to know whether or not the child has been attended to. When this postal is not received by the Department a nurse visits the family and explains the need of treatment. In this regard I wish to quote the following from the annual report for 1906 of the supervising nurse:

"The year just finished has proved one of remarkable interest and profit to the children, owing to the persistent teaching of cleanliness by the nurses. The most gratifying result, perhaps, is the bright, intelligent look in the faces of many of the children who used to look tired and careworn. This is principally due to the care given to the eyes, and the constant efforts of the nurses in obtaining glasses for the children with defective sight, in many instances paying for the glasses themselves rather than see the children go without.

"The nurses have taken a number of children to hospitals and dispensaries for the removal of adenoids and enlarged tonsils when the mother was unable to do so. The results are remarkable. Children formerly considered 'defectives' are among the brightest and most studious in the class. The children are more careful in keeping the skin and hair clean; filthy clothes

are now an unusual feature, and the air in the class-rooms is decidedly better owing to the prevailing cleanliness."

In this work of the physical examination of school children it is of interest to mention the amount and character of the results. During 1906 there were 78,401 children examined—of these 56,259 were found to be in need of treatment. Included in the abnormalities discovered were 17,928 instances of defective vision; 39,597 cases of defective teeth, and 27,744 children with enlarged tonsils or adenoid growths. 66 per cent. of these affected children were of foreign birth.

Contagious Disease Nursing.—The nurses assigned to duty in the care and nursing of cases of acute contagious diseases are restricted to this class of work. The cases visited are those reported as needing this care by the medical inspectors of the Division of Contagious Diseases. They include diphtheria, scarlet fever and measles.

The nurses report daily, except Sunday, at a specified time and place, receive a list of the calls to be made, and prepare their bags for their daily rounds. Each bag contains an aseptic gown, cap, gauze, cotton, thermometer, scissors, solution of carbolic acid, bichloride of mercury tablets, boric acid powder, alcohol and tincture of green soap. Each nurse changes her gown for one of washable material before beginning her "rounds."

Arriving at the home of the patient, she removes her hat and wrap, hangs them in the least infected spot, puts on the gown and cap, and prepares a solution of bichloride of mercury for her hands. She then ascertains what treatment has been ordered by the physician in charge of the case and proceeds to carry out these orders.

When no orders have been left, the usual mode of treatment consists in giving a bath, cleansing the mouth and making the bed clean and comfortable.

All clothing is immersed at once in a disinfecting solution. The necessity for this, as well as for isolating separate dishes for the patient, is impressed on the family. Instructions are given as to complete isolation of the case and methods to be used in preventing the spread of the contagion.

A written record of everything done for the patient is left for the physician.

Having made the patient as clean and comfortable as conditions will permit, the nurse removes her own protective clothing, replaces them in the bag, and, having disinfected her hands and put on her street clothes, goes to the next case.

After the work for the day has been completed, the nurse returns to the office, puts her nursing outfit in a basket provided for that purpose, and sends them to the disinfecting station for sterilization. This is done each day.

Care is taken to assign patients with the same disease to each nurse.

Included in the work performed by these nurses is giving baths for the reduction of temperature, for general cleanliness and to aid desquamation. Inunctions, enemata, irrigations and spraying of different affected parts are part of their duties.

Mothers are instructed in the proper preparation and administration of food and medicines, and how dishes and clothes are to be disinfected. Hangings and old clothes are removed from walls; children are taken from feather beds in dark rooms and put where as much light and air as possible may be had. Many things which are sources of contagion are removed, and the most hygienic conditions the homes will allow are carried out.

This work has proved a valuable adjunct in the prevention of contagious diseases as well as in their care.

During 1906 the nurses in this division made 4,959 visits to patients ill with scarlet fever, measles and diphtheria.

Tuberculosis Nursing.—Under the system of compulsory notification of all cases of tuberculosis the physician reporting the case is asked by the Department of Health whether he wishes the case visited and instructed. No case reported by a private physician is visited without his consent. All cases reported by charitable organizations and by clinics are taken in charge by the Department.

In order to limit the spread of this devastating plague, it is not enough to know that the case is being treated. It is of equal if not greater importance to keep the case under observation and control and so educate the patient and the family that the former may have a greater chance of recovery and the latter be protected from acquiring the disease. This can only be accomplished by personal visiting, and the trained nurse here finds a broad field for effective work.

As a part of the scheme having for its object the prevention and cure of tuberculosis the trained nurse has proved herself almost indispensable, and certainly the energy expended in combating and eliminating this dread disease is humanitarian work of the highest type. The results so surely attained are their own reward. In New York City each nurse has a district and each day receives a list of all cases she is to visit. The sanitary condition of the premises is noted, and if in need of attention a report is made to the proper authorities. Care is taken to learn the domestic and financial condition of the patient; need of assistance; knowledge on the part of the patient of the nature of his disease; the care taken to prevent the spread of the disease, previous or simultaneous occurrence of other cases in the same family or on the premises, and if the case is under treatment, with name and address of the physician or institution. When the patient knows he is suffering from tuberculosis, full instructions are given. In every case, however, the danger of promiscuous spitting and the necessity for the destruction of the sputum is clearly pointed out, and the family are always instructed.

All of the above data is recorded on a special card, and this is returned to the Division of Communicable Diseases. Recommendations for the correction of unsanitary condition of the premises, as well as need of financial assistance, are transmitted to the proper authorities. Sputum cups are provided free, careful instructions are given as to the disposal of sputum, the use of separate eating utensils, the necessity of fresh air, the advisability of sleeping alone, and essential general hygienic care.

If the patient has no regular medical care he is referred to a dispensary. If milk and eggs seem desirable for the patient's welfare and he is too poor to obtain them, arrangements are made for a daily supply from a diet kitchen.

Suitable cases are urged to enter hospitals or sanatoria. In short, the nurse personally urges and instructs as to sanitary requirements favoring the recovery of the patient and the limitation of the infection. A circular of information to consumptives and those who live with them is left in each case.

Cases are revisited at regular intervals. In event of removal, recovery or death of the patient, the nurse reports this fact, and the Department of Health orders the premises disinfected or renovated. If patients persistently neglect medical treatment and sanitary precautions, and thus become a menace to others, forcible removal to a hospital is recommended.

In connection with this work, nurses are assigned to duty at the Department of Health clinics for the treatment of communicable pulmonary diseases; at the Department hospital for tuberculosis cases on North Brother Island, and at the Department of Health's tuberculosis sanatorium at Otisville, New York.

Altogether the Department of Health in New York City employs a staff of 75 nurses; 53 are assigned to the Division of Medical School Inspection; 3 to the Division of Contagious Diseases, and 19 to the Division of Communicable Diseases for duty in the various branches of the tuberculosis work.

In conclusion, let me state that every municipal health board should have a nursing service. Without the services of the nurses, the work of medical inspection of school children and prevention of tuberculosis cannot be thoroughly and effectively performed.

The trained nurse as a factor in municipal health work is a force potent for good, and her latent possibilities have not yet been fully developed.

As a result of our experience in New York City, I can unqualifiedly commend the employment of nurses as aids in the work I have outlined. I trust that such a nursing service may soon become an established fact in every community.

THOMAS DARLINGTON M.D.,
Commissioner of Health.

New York.

THE DEEP SEA MISSION HOSPITAL AT ST. ANTHONY.

In 1895 we paid our first visit to St. Anthony. We had come from St. John's in the mail boat, and landed here to join Dr. Grenfell in the SS. "Sir Donald" (a little steamer given by and named after Lord Strathcona.) In this little boat we sailed across the Straits of Belle Isle to Labrador, Battle Harbor, and on to Indian Harbor—two hundred miles north. The people were proud to show us about the place, and they pointed out a spot where a church had once stood, and had been completely blown away one night. They told us how much they would like to have a hospital like those on Labrador. At that time it seemed impossible that their hopes would be realized. These fishermen prayed that they might have one, they pleaded with Dr. Grenfell. They said they would get the wood and help to build it. At that time he was powerless to grant their request for want of funds. At last the doctor decided to spend a winter with them, and he saw how great the need was for such a hospital. The only other hospital on the island was at St. John's. No hospital, no doctor for hundreds of miles. The people poverty stricken, and nearly starving in the winter after a bad fishery.

One day he himself headed a band of some forty fishermen, and went into the woods to cut the lumber, and great was their joy when the first load of lumber was hauled out by dogs and komatik, so "faith" and "works" won the day. They continued doing this for some winters, and in 1903 Dr. Grenfell spent his first winter in the hospital, which was far from being finished. He had to go up a ladder to his bedroom, and in every room there were shavings, and lumber drying. He had a young Englishman, and a Canadian as companions, and one of them did the cooking—sardines and cheese were the principal things they had.

Many patients came for treatment; some had to be taken in. One of the native women came to help look after the patients.

In 1904 Dr. and Mrs. Simpson had charge of the hospital, and the following winter Dr. Grenfell and I. Work was begun in real earnest in the now completed hospital of sixteen beds, with an operating room quite up to date. Cases for operation soon came in, and were sent home quite well. Besides our patients we had five orphan children, for as yet the orphanage was not finished, and we had no one to take charge of it.

At Christmas we had an outbreak of measles in the harbor, which was traced to a man who had been to St. John's. In spite of isolation seven of our family were down, including the cook, and one of the maids. Of course, no more cases could be taken in until the measles were over, and the place disinfected.

In February the children went to live in the orphanage. We got a widow to look after them under my superintendence. Then

began classes for basket-making and sewing—while other members of our staff had classes for carpentry, weaving and drill. During the season here we had fifty cases and twenty operations. The following are some of the cases we had in: Gun-shot wounds, hernia (one of these patients was sent home as incurable from St. John's; he did remarkably well, and says he is a new man), mastoiditis, tubercular glands, beri-beri, pneumonia, phthisis.

Our staff consists of two ward maids, a cook and housemaid. They are all native girls. The ward maids are trained to do the work of a nurse, but on account of their lack of education one is unable to make very much of them. They are willing, obedient, and do not mind in the least what they have to do. Some are very quick to learn. One ward-maid afterwards became matron of the fever hospital at St. John's.

To get a good cook is a great difficulty. The most they have ever seen cooked is salt beef and pork, cod fish and "plum duff." So that food for very sick patients and ourselves has to be done by the Sister in charge.

On Christmas Eve the order was given to the cook to be sure and have the pot boiling ready for the pudding to go in directly after breakfast. On entering the kitchen the next morning the first question asked was, "Does the pot boil, cook?" "Yes, Sister, and the pudding is in, and he's been boiling a good spell." The pudding in the pot! It must come out or else it will boil two hours too long. It was taken out, and put into a steamer, and the puddings for the patients put into the pot.

On going into the kitchen again, the cabbage was found to be in the pot with the puddings! It was "hailed" out, washed, and put into another saucepan.

The nursing of patients, the operations, training of girls for their different work, the cooking and classes give one plenty to do, and make life very interesting and happy, because the work is done for One who has said, "Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto Me."

CECILIA WILLIAMS.

THE HEAD NURSE—VIII. ORDERS AND REPORTS.

To have the orders written so clearly and plainly that they are easily understood is the first step toward having them carried out. This is another of the important duties of the head nurse. The orders actually given by the physician constitute but a small part of the treatment actually required. In most hospitals there are "standing orders"—general instructions to be observed in regard to all patients, unless exceptions are definitely made for good reasons. Years of experience with nurses, good, bad, and indifferent, has taught at least one superintendent that if good

nursing is expected, the standing orders cannot be too full, too definite or explicit, or posted too conspicuously. One would naturally expect any nurse to know enough, for instance, to comb a female patient's hair every day without being told. It is only after repeated disappointments, because of taking things for granted, that superintendents have learned to include such commonplace duties in the standing orders. It is not a good plan to depend on standing orders being written in the front pages of the order book. There is always the danger that they will not be carried over to the new book and some part of the house will be without standing orders. Neither is it well to simply post a copy on the wall to be removed by the pagan house-cleaners and possibly be carried out with other papers. Have the standing orders printed or typewritten, framed under glass, and posted in the bathroom, diet kitchen, over the writing table, or some other place where the nurses cannot fail to see them frequently.

When one sees the lack of system of writing orders that prevails in some hospitals, the wonder is that any orders are carried out promptly and properly. Such carelessness, if it were to take place on a railway system, would cause the public to raise its hands in horror and appeal to the government to interfere. It may seem like laying a great burden on head nurses to say that the daily orders for each patient should be written each day, but it is the only safe, proper rule to follow regarding hospital orders where acute cases are being handled. If the ward is devoted to chronic cases or ambulant cases, or convalescents, perhaps such rulings might be relaxed, and yet we all admit that the period of convalescence is fraught with many dangers; but with the active service that is now the rule in general hospitals, where life and death are always in the balance, too great care and supervision over orders cannot be exercised. The method used varies greatly. In some hospitals an order sheet is attached to each chart. In others a separate medicine list is kept. In others the orders are collected from the separate order sheets and are arranged with the standing orders for each patient that are to be specially observed that day, and transcribed in a book. After a trial of several different methods the system of having a record sheet kept for every patient from the time he enters the hospital, with a space at the bottom of each sheet for the physician's orders, has been found far the most satisfactory. Separate order sheets for the physician are so likely to become detached and to accumulate and make the chart cumbersome to handle. The pupil nurse is responsible for executing the orders written in the order book by the head nurse. The head nurse is responsible for taking down the physician's order (if he will not write them himself) on the space for that purpose at the bottom of each sheet, and for transcribing them in the general order book. While this latter method may take more time, it is the surest and best method, especially when deal-

ing with probationers or inexperienced nurses. Instead of having to handle half a dozen or a dozen chart files, to see what her duties are, the pupil nurse finds her orders grouped together in one book and can check off each order as it has been attended to. Thus: John Smith may need to have his temperature taken every two or every three hours, while John Jones, in the next bed, requires it only morning and evening. John Smith may have to be bathed every day or every few hours, John Jones but twice a week. When the standing orders say that each patient must have a bath twice a week, it might be expected that John Jones would get his bath without further orders, but it has been found that Saturday has come without John Jones having had his first bath for the week, when his second one should have been due. Therefore, it behooves the head nurse, who wants good, prompt nursing, to state in the orders for the day, that John Jones must get his bath this day. A specimen order might read as follows:

"John Jones, T. P. R. q. 3h. 8-11-2-5.

Bath a.m. Fluid diet, milk 3 oz. with limewater, alternating with chicken broth 3 oz. q. 2h. 6-8-10-12-2-4.

S. S. enema a.m. Strych grain $1\frac{1}{40}$ hypo. 12 and 6. Measure urine. Prepare for clinic, 2 p.m.

With orders written thus for each patient, there is no excuse for omissions, no excuse for a nurse who says she did not know she was to do this or that to-day. It is never a good plan to write the orders for some patients and say, regarding others, for instance, "see page 4 for Black's orders." Let the orders for each patient be grouped together for the day and then hold the nurses accountable.

In addition to writing orders distinctly and definitely, it is well for the head nurse to call attention to any change in dosage. This ought not to be necessary. If every nurse read her orders carefully, it would not be necessary. But there will always be nurses who need special admonition along this line. For instance, the dose of strychnine might be ordered increased or decreased. If the nurse's attention is not called to the change, she may glance at the word strychnia, overlook the dose and continue the first order. These things do happen, and the thing to do is to make it as difficult as possible for a nurse to make a mistake, and as easy as possible for her to do the thing required of her. If we want exactness in nursing we must use every possible means to secure it.

In the matter of records there is still much to be desired in a great many hospitals. If the bedside records kept by some nurses, were to be shown as evidence of the thorough work done by the hospital, they would present a sorry exhibition. Thoroughness in this respect only comes as a result of careful training and supervision. To know how to state concisely and clearly, the exact facts about a patient, is no insignificant accomplishment.

It means that careful teaching in how to observe and record symptoms and facts has been given and practised, and the teaching can begin with the first day of the probation. In this, as in other matters, it is a good rule never to take anything for granted. A probationer who has been shown how to give a laxative enema has doubtless been led to believe that a good result was obtained with a free evacuation of the bowels. She was told, perhaps, to note on her records, "good result." Such a girl might be excused if, after giving a pint of salt solution, which was intended to be retained and absorbed, she recorded a "good result," when the patient immediately expelled it. She might be excused, but her instructor should not be excused for not having given clearer teaching regarding it. Thus, these practical points might be mentioned by the dozen. An instance just now comes to mind. In a post-graduate training school, to which no nurse was admitted till she had a diploma from a general hospital, a graduate nurse, a few days after her arrival, was ordered to prepare a patient for a vaginal operation. The orders were written. The patient was to have a vaginal douche, among other things, by way of preparation. A few minutes before the clinic hour arrived, the head nurse was appalled to find that the vaginal douche had been given, without removing a filthy, foul-smelling vaginal tampon, that had been placed there nearly a week previously, though the strings were plainly visible and the tampon was an obstruction to the nozzle. Such things would never occur if all our head nurses and superintendents taught the simple duties thoroughly. It was a disgrace to that hospital, to have sent out a girl, after a three years' course, who had not been taught that vaginal tampons must be removed before cleansing douches or any other kind of douches are given. The superintendent probably took things for granted.

There are certain facts that should be made a matter of record on every sheet. First the patient's name, thus "Mrs. Mary Smith," not her husband's name, Mrs. Peter Smith. The physician's name, the date, and the name of the nurse, should be filled in the blank space provided, not only on the first sheet, but on every sheet. The amount of sleep should be estimated in hours. Such statements as, "slept pretty well," or, "had a good night," are too vague and general to be worth anything. If a patient is on fluid diet, the exact amount and the food that has been taken should be noted. In other cases, the class of diet will be sufficient, unless in case of gastric or intestinal disturbance, when it will be best to state the articles of food given.

One thing that usually requires great emphasis, careful watching, and strict dealing, is the time when records are made. Nurses who are otherwise conscientious will often allow hours or half days to go by without making a single entry. Then they will guess at hours, trust their memories for temperatures, pulses, and respirations of half a dozen patients, put down a haphazard esti-

mate of doses given, and call that sheet "a clinical record." As a statement of facts it is not worth the paper on which it is written. Records that look neat, on which the penmanship is beautiful, the statements made in correct style, are often, in fact, nothing more than records of a nurse's unreliability. A case comes to mind of a graduate nurse on a special case in a hospital. The case was intussusception, about seven inches of the bowel having been removed. The little fellow was crying piteously from hunger one afternoon when the superintendent went in. The nurse had gone out for a few hours. Thinking it might be time to give him some nourishment the superintendent picked up the record to see when the last had been given. It was then about 5 p.m. Not an entry had been made since the physician had made his morning visit at 9.30. The superintendent took the pains to notice the record the next morning, and everything was set out in beautiful shape. Every hour, even while the nurse had been away, she had given him some treatment, according to her record. This is the kind of thing that superintendents have to watch for and fight for continuously with some nurses.

There is only one thing worse than neglecting to make records at the proper time, and that is, recording before the thing occurs. This is done, unfortunately, by some nurses, probably, in every hospital. Nurses who have given a good report of themselves in other ways, have fallen under that subtle form of temptation. They have been found recording as having given, for instance, eight o'clock treatments at half-past six. On inquiry as to how it came that a record was made of nourishment given to a patient at eight o'clock, when it was still only half-past six, the nurse said she "happened to have a little spare time and she thought she would just fix up her records." She said that, of course, she would do everything she had written down. Her intentions may have been good, though her methods were bad, but can any hospital afford to bother providing paper and pens and ink to record what a nurse *intends* to do? Why, volumes might be written every week about nurses' intentions, but what good are they? What the hospital wants and the physician wants, are facts regarding duties actually done, things or conditions actually observed. Nothing else has any value for them as records, and yet this thing will continue to be done by some few nurses in every hospital, unless a strict supervision over all nurses, and all records, is the rule, and unless there is a severe penalty attached to such an offence. To the self-respecting citizen the laws against stealing are no burden. To the self-respecting nurse, the laws against such practices will be no burden, and they do help to deter the weaker characters from giving way to such temptation. There is only one word needed to characterize such actions, the little word, *i-e*, unqualified. If a record says anything to a physician, it says of a certain thing duly entered at a certain hour, "I have given that treatment," when the facts were the nurse had recorded

her own intentions as facts. The value of any record depends, after all, pretty largely on the conscience of the nurse who makes it. For this reason, a poor penman, and a poor speller, with good natural ability and a good, healthy, active conscience, is worth infinitely more in the sick room than the cleverest college graduate, who keeps her conscience wrapped up, or never uses it except when some one else is around.

A weak point in many records is in the neglect to note important facts. This seems an absurd statement, but it is true. There have been stored away in the archives of some hospitals, records of midwifery cases in which the birth of the child was never mentioned. The circumstantial evidence was pretty strong that there had been a baby connected with the case. Here and there on the record, it was stated that the "baby nursed," or had its temperature taken, or perhaps had a bath, but when that baby arrived on the scene of action, whether it was a male or female, whether it was white or black, whether it was normal or defective in any way, whether it weighed two pounds or ten, the nurse entirely neglected to record. The same thing is true of operative cases.

In recording the course of surgical cases or midwifery cases it is a good plan to note the days as they pass, counting from the event thus, Monday, January 24th—Fifth Day. It is quickly done and it saves a doctor's time in counting back, as he usually does, in considering the removal of stitches, dressings, sitting up, etc. The date and the hour of an operation should always be noted on the nurse's record. The operating room records should contain the report of the operation, what was done, what anesthetic, sutures and ligatures were used, together with a general statement of the findings at the time, but that does not excuse a nurse from stating, or her records at least, the time the patient went to the operating room and returned.

Another point that should always be noted is that a wound was dressed. It is much more important many times to note that fact, for instance, than that a temperature in which there was no change from day to day, had been taken. Yet the one is done, and the other left undone as routine practice in some hospitals.

Another point that helps in various ways, is to require nurses to state on the records when a drug is discontinued. The length of chill, the character of the breathing, if at all unusual, the appearance of any abnormal discharge from a cavity, or eruption on any part, are points that require a little special emphasis with many nurses. For instance, in the case of a colored boy brought into the hospital with frozen feet, the doctor watched the toes carefully, instructing the nurse to observe closely certain symptoms. His medicine was regularly given, the general care was good, but of five nurses and an interne, besides the physician in charge, who had been on duty with that colored boy, not one of

them reported a suspicious-looking eruption that was on his hands, face, and other parts of the body, until a bright, wide-awake, young man nurse was put on the ward, and the first day reported these suspicious findings to the superintendent. It was one of the worst venereal cases that had ever been admitted to the ward, and yet no precautions had been taken to prevent infection till nearly a week had passed. Nurses are prone to fall into ruts and get into the habit of mechanically reporting what they themselves *do*, while they often neglect to note important facts which they see, or ought to see.

It is well, also, that the head nurse should not fail to correct a tendency, sometimes manifested, to unintentionally attempt a diagnosis and record it. For instance, a nurse will thoughtlessly state that a patient is suffering from neuralgia, or is hysterical, when, as a matter of fact, the ablest physician will sometimes find difficulty in deciding whether he has to deal with hysteria or neuralgia.

The ability to decide between significant and unimportant symptoms comes only with careful instruction, experience and practice extended over a long time, but it is safer to teach nurses to lean to the habit of keeping full records, rather than that, for the sake of brevity, they should neglect to note facts that have an important bearing on the case.

CHARLOTTE A. AIKENS.

SHAKESPEARE WEEK IN LONDON.

Shakespeare week in London, was celebrated in a fitting and thoroughly enjoyable manner by the London Shakespeare League.

The commemoration was inaugurated by a reception at the Mansion House, by the Lord Mayor and Lady Mayoress, followed by a most interesting entertainment—Morris dances, Folk songs and singing games, all executed by children dressed in the quaint costumes of Shakespeare's time.

On Tuesday was held the Annual Shakespeare Day Dinner, when Dr. Furnivall, president of the League, occupied the chair. The bard of the evening was Mr. Mackenzie Bell, whose commemoration sonnet I have his kind permission to give you.

Shakespeare, thy legacy of peerless song
Reveals mankind in every age and place,
In every joy, in every grief and wrong:
'Tis England's legacy to all our race.
Little we know of all thine inner life—
Little of all thy swift, thy wondrous years—
Years filled with toil—rich years whose days were rife
With strains that bring us mirth, that bring us tears.
Little we know, and yet this much we know,
Sense was thy guiding star—sense guided thee
To live in this thy Stratford long ago—
To live content in calm simplicity;
Greatest of those who wrought with soul aflame
At honest daily work—then found it fame.

MACKENZIE BELL.

A delightful May Day Festival was held in Great Hall, King's College, on Wednesday evening, when again the children were our entertainers. I wish I could reproduce for you the pretty picture they made in their quaint costumes and their graceful attitudes as they danced and sang, from good Queen Bess to her mite of a trumpeter. The plaiting of the May pole was particularly interesting and was perfectly executed.

Mr. Ordish introduced us, on Thursday evening, to London in Shakespeare's time in his interesting talk "Rambles in Shakespeare's London," accompanied by lantern views. Afterwards over a cup of tea, we had an opportunity of a few words with the aged and genial president, Dr. Furnivall.

On Friday evening Mr. Leigh gave his "Reading of Richard III.," and our only regret was that it was over so soon.

A ramble to places of Shakespearean interest on Saturday closed a week the memory of which will be treasured. The party gathered at Southwark Cathedral, which has a beautiful memorial window to Shakespeare, and whose records contain the signature of Edmond Shakespeare, who is buried there. These were seen by the kindness of Canon Thompson. Then Mr. Ordish conducted the party along Stony street—the N. & S. road between Scotland and Dover built by the Romans—to the site of the Globe Playhouse where Shakespeare presented his plays, on to the sites of the Rose Theatre, the Bear Garden, the Pike Gardens where Queen Elizabeth got her fish, the Falcon Inn, the Swan Playhouse and Winchester House. Then across Blackfriar's Bridge to Blackfriar's Church where the St. Dominican Order had their monastery, a piece of the old wall of which is still to be seen. And on to Wardrobe Place and the College of Arms, where Shakespeare applied for a coat-of-arms. Then to the church of St. Mary of Aldermanbury where stands a beautiful memorial to the publishers of Shakespeare's first folio. This memorial, erected by the Shakespeare League, very fittingly takes the form of a bust of the poet with the open folio below.

Here in the rain Mr. Ordish read to us Mr. Mackenzie Bell's sonnet "Shakespeare in London," which the poet very kindly gave me, and which I have his kind permission to give you.

Who comes, a man in mind, a boy in age,
 Hope's golden music ringing in his ears,
 To conquer London single-handed—wage
 Battle with Chance—battle with strong compeers?
 And now, who leaves the conflict—victory won,
 Who bids farewell to London's glorious strife,
 To brood by Avon-lilies that have shone
 Bright in his brain through all that stress of life?
 As homeward-wending towards the little town
 He left—how brief the time! without a name.
 What are his visions? Does he see the crown
 With which the world shall crown him? does the fame
 Of Shakespeare reach him? Does the sky-lark sing?
 "Behold our Will come back—the poet-king!"

MACKENZIE BELL.

I intended telling you about my visit to Stratford-on-Avon, but
 I fear this is already too long.

B. CROSBY.

**EXTRACT FROM LETTERS FROM MISS MAYOU.**

ST. ANTHONY, NEWFOUNDLAND, MAY 1ST, 1907.

Some of our classes have had to end sooner than we had intended owing to an outbreak of scarlet fever in the harbor, fortunately of a mild type. But the people are so careless about carrying infection, and think any kind of isolation entirely superfluous. One woman was very much hurt because she was not allowed to do the hospital washing while two of her children were in bed with the fever. Our cold weather still continues, the harbor is frozen solid across, and May celebrated her coming in by giving us a regular blizzard, though some previous days of rain and warm sunshine had melted a good deal of the snow, and made the travelling so bad that the dog posts have stopped, and nothing now can go out or come in until the *Portia* arrives. She was due to leave St. Johns yesterday for her first trip of the season, but there is such a quantity of "slob" (drift-ice), extending as far on the horizon as the eye can reach, that unless some strong winds from the west or south spring up she will not be here for some time. . . . How enthusiastically Dr. Grenfell has been received everywhere this winter, but success will not have spoiled him, he will come back the same unassuming, straightforward man, giving up himself for others.

A POST-GRADUATE course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to Miss Allen, 578 Somerset Street, Ottawa.

The
Guild of



Saint
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]

—Ambroise Paré.

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H., 6.15 p.m.

District Chaplain—Rev. Arthur French, 1773, Ontario Street.

District Superior—Miss Stikeman, 216, Drummond Street.

OTTAWA.—The Cathedral, First Monday.

Chaplain—Rev. Canon Kitson, the Rectory.

Local Superior—Miss L. C. Wicksteed, 491, Albert Street.

TORONTO.—St. James' Cathedral Rectory, last Friday, 8 p.m.

Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.

Local Superior—Mrs. Welch.

Secretary—Miss Maud Roger, 5 Howland Ave.

At the request of Miss Wood, an open meeting was held at St. Stephen's Rectory, Toronto, on Friday evening, June 14th. It was unfortunate that the attendance was again small, as Miss Wood was most anxious to meet more of the nurses—only 13 were present. Those who were there thoroughly enjoyed the General Secretary's address. She spoke of nursing in the days when three months' training was considered sufficient, when ladies shunned the profession as lowering and degrading, when Sarah Gamps haunted the sick-room, and the patients' comfort and welfare were nothing to those who had the care of them. Night nursing was unheard of until the curious system was introduced by which one nurse remained on duty three nights, doing as much day duty as her strength would stand. Wounds were very much longer in healing, no antiseptics were used, and the dressing was usually "tow." As time went on the profession of nursing came into higher repute, and ladies began to take up the work. In 1876 the Guild of St. Barnabas was formed, which lays emphasis upon the religious aspect of a nurse's profession, so likely to be forgotten in her busy life, and by setting before her a rule of life constantly reminds her that her work is dedicated to the Master.

The members of the Guild of St. Barnabas thank Miss Wood for her helpful addresses, and wish her God-speed and a safe return to her home in England.

My Scallop-Shell of Quiet

*GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
My soul will be a-dry before,
But, after, it will thirst no more.*

—Sir Walter Raleigh.

THE longing for ignoble things;
The strife for triumph more than truth;
The hardening of the heart, that brings
Irreverence for the dreams of youth;

All thoughts of ill, all evil deeds,
That have their roots in thoughts of ill;
Whatever hinders or impedes
The action of the nobler will;—

All these must first be trampled down
Beneath our feet, if we would gain
In the bright fields of fair renown
The right of eminent domain.

—Longfellow.

I THINK you should try, without any painful effort, to dwell upon God as often as a longing for recollection, and regret that you cannot cultivate it more, comes over you. It will not do to wait for disengaged seasons, when you can close your door and be alone. The moment that we crave after recollection is that in which to practise it; turn your heart then and there to God simply, familiarly and trustfully. The most interrupted seasons may be thus used; not merely when you are out driving, but when you are dressing, having your hair arranged—even when you are eating and when others are talking. . . . A passing thought of God during mealtimes (especially when they are long, and with considerable intervals), will be very profitable in helping you to resist self-indulgence and your exceeding fastidiousness. Besides, in the first hungry beginning of a meal there is often not much conversation, and then you can turn your thoughts to God. But all this should be done naturally as the inclination arises, and not constrainedly.—*Fenelon*.

PRAYER.—Almighty and Merciful God, Who art the Strength of the weak, the Refreshment of the weary, the Comfort of the sad, the Life of the dying, the God of patience and of all consolation, help me, O Eternal and Pitying God, help me to possess my soul in patience, to maintain unshaken hope in Thee, and to keep that childlike trust which feels a Father's heart hidden beneath the cross.—*T. Havermann, 1516.*